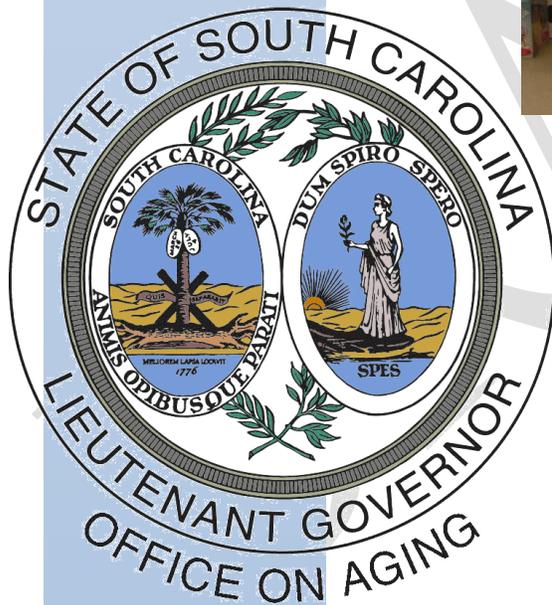


South Carolina State Plan on Aging 2017-2021



Henry D. McMaster, Lieutenant Governor



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DRAFT

Planning for a Growing Senior Population

“In order for South Carolina to reach her full potential, it is important to provide our senior



Lieutenant Governor Henry McMaster hosts a Senior P.R.E.P. emergency preparedness event.

population with the tools and services they need to stay independent in their own homes and communities. Scores of people are retiring

to South Carolina, and our native

citizens are living longer, more productive lives. According to the U.S. Census, people over 60 will make up more than 28 percent of our population by 2030.”

-Henry D. McMaster

Lieutenant Governor of South Carolina

Verification of Intent

The Lieutenant Governor's Office on Aging hereby submits the Federal Fiscal Year 2017 – 2021 State Plan on Aging for the State of South Carolina to the Assistant Secretary on Aging of the United States Department of Health and Human Services. The plan is effective for the period of October 1, 2016 through September 30, 2020.

This plan contains assurances that it will be implemented under provisions of the Older Americans Act of 1965, as amended, by the Lieutenant Governor's Office on Aging (the State Unit on Aging) during the period identified.

The Lieutenant Governor's Office on Aging is granted the authority to develop and administer the South Carolina Plan on Aging in accordance with all requirements of the Older Americans Act. The Plan constitutes authorization to proceed with activities under the Plan upon approval of the Lieutenant Governor and the Director of the State Unit on Aging.

The South Carolina State Plan on Aging herewith submitted was developed in accordance with all federal statutory and regulatory requirements.

Henry Dargan McMaster
Lieutenant Governor of South Carolina

Date

Mark Plowden
Chief of Staff/ State Unit on Aging Director

Date

State Plan Assurances

**State Plan Assurances
For
Older Americans Act of 1965, as amended, P.L. 89-73,
42 U.S.C. § 3001, et seq.**

I, the undersigned, affirm and give the assurances required by sections 305, 306, and 307 of the Older Americans Act, as amended, P.L. 89-73, 42 U.S.C. §§ 3001, et seq., §§ 3025, 3026, and 3027.

I, the undersigned, affirm and give the assurances required by sections 305, 306, and 307 of the Older Americans Act, as amended in 2006 (P.L. 89-73, 109-365).

Henry Dargan McMaster
Lieutenant Governor of South Carolina

Date

Mark Plowden
Chief of Staff/ State Unit on Aging Director

Date

Chapter One: State Plan Overview

A. Executive Summary

The 2017 – 2021 State Plan on Aging demonstrates South Carolina’s commitment to older adults and persons with disabilities, as the Lieutenant Governor’s Office on Aging (LGOA) strives to modernize the aging network to enhance the delivery of aging services.

The LGOA is the federally designated State Unit on Aging (SUA) in South Carolina and is required by the Older Americans Act (OAA) of 1965 and the Administration for Community Living (ACL). To fulfill the mission of the LGOA, this plan sets priorities to ensure comprehensive and coordinated strategies addressing the needs of a growing older population in South Carolina.

The OAA gives the LGOA unmitigated authority to administer aging programs and services in South Carolina. The Plan provides an outline for how the LGOA coordinates aging programs and services, and details how the LGOA will carry out its mission of enhancing the quality of life of South Carolina’s older citizens, regardless of whether they participate in OAA programs. The plan incorporates major goals, strategies, and objectives developed by the LGOA, as well as input from various needs assessments carried out throughout the state and from aging network partners. The Plan gives strategic direction to the state’s aging network, including the 10 regional Area Agencies on Aging (AAA’s), and contracted service providers.

The LGOA is responsible for administering federal funds, as well as state appropriated aging funds. The LGOA allocates OAA funds (through an Intrastate Funding Formula) to the AAAs. The AAAs use this funding for regional planning, resource coordination, client needs assessments, and oversight of a coordinated service delivery system. In addition to the OAA requirements, the LGOA must adhere to Section 43-21-10 of the South Carolina Code of Laws.

Older South Carolinians overwhelmingly prefer to stay in their homes and communities as they age. As the state’s senior population grows, the LGOA must set policies and coordinate a delivery system that offers essential home and community-based services that assist older adults to age in place. Older adults and persons with disabilities demand self-determination and they seek person-centered services that allow them to live independently for as long as possible in the community.

Throughout the next four years, the LGOA must modernize its service delivery system to incorporate the citizens’ needs in a cost effective manner, while giving customers choice and control of access to services that assure independence, while enhancing their quality of life.

South Carolina is a small state, with limited resources that is experiencing significant growth in its senior population. The goals and objectives established in this plan will guide the LGOA for the next four years, providing a comprehensive, coordinated, and cost-efficient aging service delivery system. The State Plan and the South Carolina Aging Network’s Policies and Procedures demonstrate the LGOA’s commitment to achieving these goals and objectives.

B. About the Plan

As South Carolinians live longer, healthier lives, there must be greater collaboration between the public and private sectors, and at the state and local levels to ensure older adults have the opportunity to live with dignity and to participate fully in life. The LGOA guides the aging network by advocating, facilitating, coordinating, educating, granting, and regulating, and is a clearinghouse for aging data and information. The LGOA coordinates services that enhance the lives of older adults through collaborations with aging network partners to promote innovative ideas that strengthen the delivery system.

The 2017 – 2021 State Plan on Aging provides strategic direction to the LGOA as the State Unit on Aging (SUA) and for the entire South Carolina Aging Network. The Plan complies with guidance provided by the Administration for Community Living (ACL) in program instruction AoA PI-14 - 01. The Plan is an agreement with ACL, which allows South Carolina to receive funds under Title III and Title VII of the OAA.

This document lays out a long-term strategic blueprint that focuses on how the state will modernize its service delivery system, while expanding the service options available for older South Carolinians, adults with disabilities, and their families. It also sets goals for consumer choice, and person centered and self-directed services. It addresses marketing, outreach, and advocacy issues, as well as the development of initiatives geared toward promoting evidence-based, consumer-directed, and community-based long-term services and supports.

Active strategic planning guides how the LGOA will successfully guide the South Carolina Aging Network throughout the next four years. The LGOA will work closely with the AAAs, as well as with other aging partners to invigorate the aging network as it faces the strategic challenges resulting from a rapidly growing senior population and the coordination of an ever-evolving statewide aging network. A critical component of the planning process is to educate the public and policy leaders about the need to address the demands of a growing senior population.

Aging network partners contributed to this document and made recommendations, as necessary. In January 2015, the LGOA created a 16-member policy advisory group comprised of representatives of the LGOA, the AAAs, and local providers. This group provides guidance to the LGOA on policy matters, data collection, trainings, assessments, and critical operational protocols and policies. The LGOA used information obtained through these sessions in the development of this Plan.

Through the area plans and annual area plan updates submitted by the AAAs, as well as through monthly meetings with the AAA directors, the LGOA received crucial data on regional needs assessments. By way of routine service data reporting and assessments requirements, the AAAs also provided significant service and demographic data that included invaluable information about living situations, self-care limitations, nutrition, housing, healthcare, and other needs. The information provided through the policy study group and continuing interactions with the AAAs, as well as through feedback obtained through town hall meetings and contacts with older adults, aided the LGOA in developing a State Plan, which reflects the goals needed to guide the delivery of aging services in South Carolina.

To modernize service delivery, the aging network must focus on the need to break down the silos existing between housing, transportation, health care, and long-term services and supports, in order to support healthy aging. The implementation of policies and the development of programming continues to be a collaborative effort, based on needs and sound business practices.

State Plan Broad Focus Areas: The LGOA set the following priorities for the State Plan. These priorities are in keeping with ACL goals, and they support the goals and objectives that will successfully guide the LGOA over the next four years.

The broad priority areas are: (1) Gateway/Aging and Disability Resource Center, (2) Evidence-Based Programming, (3) Technology, (4) Consumer Direction, and (5) Elder Rights.

The priorities addressed below guide the LGOA's programs and services in aiding older South Carolinians to remain independently in their homes and communities.

- The Gateway/Aging and Disability Resource Center (ADRC) serves as the “no wrong door” to information and referral to services for public and private long-term supports and services for older individuals, individuals with disabilities of all ages, families, caregivers, and professionals. All 10 of the AAAs have successfully transitioned to ADRCs and act as a Gateway for individuals seeking information and services.
- Evidence-Based Programming has an outcome-based philosophy that includes program replication of a specific intervention, tested through randomly controlled experiments with results published in peer-reviewed journals. The LGOA is committed to implementing evidence-based practices to achieve improvements in health status and to gain greater efficiencies and cost effectiveness when contracting with local providers.
- Technology strategies for the LGOA include a focus on Self-Direction, Emergency Preparedness, ADRCs, and Assistive Technology that allow adults to remain at home for as long as possible. The Advanced Information Manager (AIM) System provides the information technology support necessary to coordinate and plan initiatives.
- Consumer (Self)-Direction is a home and community based services approach that shifts decision-making from service providers to consumers and families. Consumer Direction gives input and options for receipt and payment of long-term services and supports. Client assessments, along with proper counseling play a critical role in providing self-direction.
- Elder Rights programs identify and prioritize statewide activities aimed at ensuring that older adults have access to and assistance with securing and maintaining services and benefits; knowledge about making informed choices and decisions; understanding of their basic rights; and protection from abuse, neglect and exploitation.

This quote from the 2015 White House Conference on Aging sums up the direction that South Carolina and the nation as a whole must take to advance the cause of aging and to plan for the future.

“IGNITE A CULTURE CHANGE IN AMERICANS’ ATTITUDES TOWARD AGING TO RECOGNIZE OLDER ADULTS AS A RESOURCE THAT SUPPORTS THE GREATER GOOD OF SOCIETY AND CAN HELP SOLVE SOCIETY’S PROBLEMS.”

Chapter 2: Overview of South Carolina Aging Network

A. Lieutenant Governor's Office on Aging's Mission, Vision, Values

The mission of the Lieutenant Governor's Office on Aging (LGOA) is to meet the present and future needs of seniors and to enhance the quality of life for older South Carolinians through advocating, planning, and developing resources in partnership with federal, state, and local governments, nonprofits, the private sector, and individuals.

The Lieutenant Governor's Office on Aging is the federally and state designated State Unit on Aging (SUA), and will be referred to as the LGOA in this Plan. Enabling legislation for the LGOA is found in Title 43 of the Code of Laws of South Carolina, 1976, as amended.

SECTION 43-21-40. Division shall be State agency to implement and administer aging programs of Federal Government; powers and duties generally.

The division shall be the designated state agency to implement and administer all programs of the federal government relating to the aging, requiring acts within the State, which are not the specific responsibility of another state agency under the provisions of federal or state law. The division may accept and disburse any funds available or which might become available pursuant to the purposes of this chapter.

The division shall study, investigate, plan, promote, and execute a program to meet the present and future needs of aging citizens of the State, and it shall receive the cooperation of other state departments and agencies in carrying out a coordinated program.

It shall also be the duty of the division to encourage and assist in the development of programs for the aging in the counties and municipalities of this State. It shall consult and cooperate with public and voluntary groups, with county and municipal officers and agencies, and with any federal or state agency or officer for the purpose of promoting cooperation between state and local plans and programs, and between state and interstate plans and programs for the aging.

The Older Americans Act (OAA) intends that the LGOA shall be the leader relative to all aging issues on behalf of all older persons in the state. This means that the LGOA shall proactively carry out a wide range of functions, including advocacy, interagency linkages, monitoring and evaluation, information and referral, protection of older adults, information sharing, planning, and coordination.

The LGOA facilitates the development or enhancement of comprehensive and coordinated community-based systems serving communities throughout South Carolina. These systems are designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

The LGOA designates AAAs to carry out the mission described above for the LGOA at the regional level. The LGOA designates as AAAs only those sub-state entities having the capacity and making the commitment to carry out fully the mission described for AAAs in

the OAA. The LGOA ensures that the resources allocated to the AAAs under the OAA are used to carry out the mission described for AAAs.

The LGOA is responsible for oversight of home and community-based services funded through federal and state sources that are not specifically placed under the jurisdiction of another state agency. These include programs primarily funded through the federal OAA and various state-funded programs. The LGOA has a streamlined organizational structure that provides a well-defined focus on aging consumers. The LGOA is not the designated Medicaid agency in the state, as the South Carolina Department of Health and Human Services (SCDHHS) provides those services.

The vision of the LGOA is to provide leadership, advocacy, and collaboration to assure a full spectrum of services, so that South Carolina seniors and/or adults with disabilities can enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive the support necessary to age with choice and dignity. This agency and aging network is highly visible, accessible, well managed, accountable, and transparent.

The values established for the LGOA put South Carolina seniors first, and include outstanding customer service, excellence in government, person-centered care, teamwork, and research-based decision-making. The LGOA's values ensure a strong customer focus, accountability, transparency, and collaboration through partnerships.

The mission, values, and vision set for the LGOA allow seniors to enjoy an enhanced quality of life, contribute to communities, have economic security, and receive supports necessary to age independently with choice and dignity.

B. SUA Leadership

Lieutenant Governor Henry McMaster is the head of the Lieutenant Governor's Office on Aging (LGOA). As South Carolina's second highest ranking Constitutional Officer, the Lieutenant Governor performs constitutional duties and provides leadership on legislative matters and public policy, while serving as the state's chief advocate for senior citizens. Mark Plowden is Chief of Staff to Lieutenant Governor McMaster and serves as Director of the LGOA. The Chief of Staff/Director is responsible for the overall administration of the State Unit on Aging's (SUA's) policies, coordination, and review of federal and state legislation, and broad advocacy activities.

C. The State Unit on Aging

As outlined in the mission segment, the Lieutenant Governor's Office on Aging (LGOA) is the federally designated SUA, as required by the Older Americans Act. The South Carolina State Code of Laws authorizes the Lieutenant Governor to head the State Unit on Aging in South Carolina.

From 2008 to 2015, the LGOA was in transition, as it had five administration changes. During that period, the agency had significant changes in staff, which has stabilized under the direction of Lieutenant Governor McMaster. Since January 2015, the Lieutenant Governor has provided strong leadership resulting in greater stability, transparency, and accountability. The LGOA has filled the majority of staff vacancies and has addressed workforce concerns through agency reorganization.

D. Designation of Planning and Service Areas (PSAs)

Mandated by the federal OAA, Area Agencies on Aging (AAAs) are organizations designated by the SUA to provide planning and administrative oversight for a multi-county planning and service area. The AAAs assess and prioritize the needs of older adults within their planning and service areas and allocate federal and state funding to provide services that meet those needs. South Carolina has 10 AAAs. Seven of the AAAs are public entities, housed within regional planning councils. The remaining three AAAs are private non-profit organizations: two are freestanding, and one is part of a community health organization. Each AAA receives funding from the LGOA through submission and approval of a four year Area Plan with annual updates, as well as through approval of specific grant applications. Each AAA contracts with providers of aging services. Service providers receive federal, local (city and county), and state funding through performance-based contracts, i.e., the provider agrees to provide a specified amount of a specific service at an agreed-upon unit rate. The contracted providers must show that the service units were earned and the contracted service was provided in order to be paid. In addition to services provided through state and federal funds (many of which require local matching funds), most providers also receive funding through a variety of local sources; some of these include United Way contributions, church and civic donations, private donations, fees for non-federal programs, and funds generated through fund-raising activities.

South Carolina's AAAs have successfully transitioned and operate as Aging and Disability Resource Centers (ADRCs) in order to improve services for older adults and individuals with disabilities in South Carolina. This evolution facilitates the No Wrong Door/Single Entry Point philosophy for service to seniors and adults with disabilities. A full listing of organizations in South Carolina's aging network is included within the appendix.

The AAA's are responsible for:

- Following the mandates of the Older Americans Act, the South Carolina Aging Network's Policies and Procedures Manual, and all programmatic guidelines when setting region-specific policies for coordinating the delivery of services;
- Assuring the supply of high quality services through contractual agreements with service providers, and for monitoring their services;
- Local planning, program development and coordination, advocacy, monitoring;
- Developing the Area Plan on Aging and area plan administration, and resource development;
- Working with the community to develop a comprehensive coordinated service delivery system; and
- Establishing and coordinating the activities of an advisory council, which will provide input on development and implementation of the area plan; assist in conducting public hearings; review and comment on all community policies, programs and actions affecting older persons in the area.

E. South Carolina Advisory Council on Aging

The South Carolina Advisory Council on Aging's primary mission is to support and advise the Lieutenant Governor's Office on Aging (LGOA) with aging related issues in South Carolina. The Lieutenant Governor appoints the members, who must be citizens of the state.

Section 43-21-10 of the South Carolina Code of Laws authorizes the creation of the South Carolina Advisory Council on Aging. The Code of Laws states:

***SECTION 43-21-10.** Division on Aging created; Advisory Council on Aging; membership, qualifications; appointment; election of chair; compensation and meetings of council; rules and procedures.*

There is created in the Office of the Lieutenant Governor, the Division on Aging. The division must be supported by an Advisory Council on Aging consisting of one member from each of the 10 planning and service areas under the Division on Aging and five members from the State at large. The members must be citizens of the State who have an interest in and knowledge of the problems of an aging population.

When making appointments, the Lieutenant Governor considers the following:

- diversity of age;
- diversity of able and disabled individuals; and
- diversity of active community leaders representing organizations and institutions involved in a variety of concerns to older citizens and their families.

F. Advocates in the Aging Network

South Carolina has a very strong aging network that advocates on behalf of the state's older adults and persons with disabilities. While the primary leaders of the network include the LGOA, AAAs, and service providers, it also includes advocates, adult care centers, volunteers, older adults, and their families and caregivers. The LGOA has many collaborative partnerships, including groups like the South Carolina Association of Area Agencies on Aging (SC4A); service providers, the South Carolina Institute of Medicine and Public Health; the South Carolina Hospital Association; AARP; the Alzheimer's Association-South Carolina Chapter; Harvest Hope Food Bank; the Adult Protection Coordinating Council; the State Fire Marshal and the State Fire Academy; law enforcement; and many local civic, faith-based, and educational organizations throughout the state. In addition, the LGOA has many public/private partnerships.

G. Aging Trends in South Carolina

The 2010 Census indicates that South Carolina's senior population increased significantly from 2000 to 2010. This trend will continue, as South Carolina's older population should double by the year 2030.

South Carolina's senior population is among the fastest growing in the nation. The state has experienced a significant growth in the number of senior citizens over the last few decades and the trend will continue with the population doubling by 2030.

- South Carolina's Population age 60 years and older had an estimated 16.8 percent increase from 912,429 to 1,065,420 individuals for a 152,991-person increase between 2010 and 2014.
- The population age 60 years and older is projected to increase to 1,450,487 by the year 2030.
- Of the more than 960,000 older adults age 60 years and older, at least 42 percent have at least one ADL requiring assistance.

- One in 11 South Carolina older adults is at risk for hunger.
- South Carolina ranks in the top 10 of states with 9.66 percent of seniors (60+) at risk and 11.27 percent of those ages 50 to 60 at risk for hunger. The risk for African Americans and Hispanics is twice that of whites.
- Poverty continues to be a major concern in South Carolina as 13.3 percent of individuals age 60 years and older live in poverty and 10.3 percent of those age 65 years and older live in poverty.
- According to AARP SC, South Carolina ranks second in the nation with hunger insecurity for seniors age 60 and older. The state ranks third for the number of people age 50 to 59 with hunger insecurities.

H. Funding Sources

The Administration for Community Living (ACL) makes annual allotments to South Carolina based on the state's ratio of the population aged 60 and older to the national population 60 and older. From these allotments under Title III, the SUA expends five percent to pay part of the costs of administration of the State Plan on Aging. South Carolina receives separate allotments for the following service programs (**OAA 303**):

- in-home and community-based services; (Title III-B)
- long term care ombudsman program; (Title III-B and Title VII)
- elder abuse prevention services; (Title VII)
- health insurance counseling and Senior Medicare Patrol; (ACL)
- congregate nutrition services; (Title III-C-1)
- home-delivered nutrition services; (Title III-C-2)
- nutrition services incentive program (USDA);
- disease prevention and health promotion services; (Title III-D)
- family caregiver support services; (Title III-E); and
- senior employment and training services. (Title V)

The LGOA, as the State Unit on Aging (SUA), must use each allotment for the purpose for which it was authorized; however, limited transfers are permitted between nutrition services and support services. Except for five percent of Title III-B funds reserved for the long-term care ombudsman program, all social, nutrition, wellness, and caregiver service allotments shall be granted by formula to AAAs under approved area plans.

I. Resource Allocations

The methods used by the LGOA to allocate funds to the AAAs are described in the Intrastate Funding Formula found in Appendix C.

Older Americans Act (OAA) funds and most state funds, except when otherwise directed by law, are allocated based on a multi-factored formula.

J. Planning for South Carolina's Future

To address the critical issues facing the senior population in South Carolina, in 2014 the South Carolina Institute of Medicine & Public Health (IMPH) convened a statewide taskforce of providers, researchers, policy makers, and advocates to develop actionable recommendations for improving long-term care in our state. The LGOA, AAA Directors, and

some providers participated in the task force and the implementation of the recommendations should occur over the next four years. A summary of *Creating Direction: A Guide for Improving Long-Term Care in South Carolina* is found in Appendix J.

K. State and Regional Needs

The Lieutenant Governor's Office on Aging (LGOA) works closely with the 10 Area Agencies on Aging (AAAs) to identify the critical needs and unmet needs of older adults and persons with disabilities, in order to aid them in remaining in their homes safely and independently.

The LGOA identifies State and regional needs through various methods. Both the LGOA and the AAAs gather and analyze data from the Online Support Assistant (OLSA) data system and Information and Referral/Assistance (I&R/A) Specialists contacts. Each AAA informs the LGOA of its regional needs and unmet needs through quarterly I&R/A reports.

State Needs Identified for the State Plan (April 2015 - March 2016 Data Sources)

1. Local Community Transportation
2. Transportation
3. Respite Service Vouchers
4. Consumer Assistance
5. Insurance Counseling
6. Medication and Drug Assistance
7. Information and Referral Service
8. Support Services
9. In-Home Respite Care
10. Home repair/Modification Assistance
11. In-Home food
12. Utility Assistance
13. Congregate/Group Meals
14. Medical Appointment Transportation
15. Legal Services

See Appendix H for additional state and regional needs assessment data.

L. Choice Options in South Carolina

The Lieutenant Governor's Office on Aging (LGOA) continues to promote services and programs that encourage consumer control and choice components, as well as enhance and modernize long-term services and supports delivery in South Carolina. The LGOA believes that consumer choice is a critical component to providing options that allow the senior to remain safely and independently at home for as long as possible.

Customer, not organizational, need drives the South Carolina Aging Network in its coordination of services. The LGOA develops policies so that decisions involve our consumers and include choice. Through its revised assessment process, the LGOA strives to provide for the needs of South Carolina's seniors and advances self-determination for consumers. The LGOA offers a model of care delivery providing Self-Direction (consumer-directed), which recognizes the unique needs of each individual consumer. During the assessment and client screening process, each consumer is given information about available service options and provided knowledge that is beneficial in making informed decisions and choices.

Throughout the four years of this State Plan, the LGOA will work with the AAAs and providers to enact meaningful consumer choice. The goal is to enact meaningful consumer choice for Home and Community-Based Services, with specific consideration given to nutrition services, transportation, home care, and family caregiver services.

As part of the State Plan development process, each AAA provided examples of specific choice initiatives from their regions. This regional choice data is found Appendix K.

Chapter 3: Demographic Information for South Carolina’s Aging Population

South Carolina continues to experience a significant rate of growth with the population age 60 and over. The state ranks 14th for the expected growth from 2000 – 2030, with a 133.7 percent growth rate. The Census Bureau estimates that South Carolina’s population for seniors age 60 and over will reach 1,575,790 by the year 2030.

The high rate of growth is having a dramatic impact, which continues to affect South Carolina’s institutions and communities as the population ages. (See Appendix I for Additional demographic information.)

2016 South Carolina Data

PSA Region	PSA Name	Total Population	Population Age 60+
1	Appalachia	1,184,615	238,225
2	Upper Savannah	218,100	50,050
3	Catawba	370,355	72,940
4	Central Midlands	717,385	123,420
5	Lower Savannah	317,080	70,910
6	Santee-Lynches	223,105	46,620
7	Pee Dee	345,090	70,725
8	Waccamaw	370,910	95,865
9	Trident	682,905	120,895
10	Lowcountry	250,055	66,260
Total	South Carolina	4,679,600	955,910

PSA Region	PSA Name	Population Age 60+ (Minority)	Population Age 60+ (English Proficiency)	Population Age 60+ (Poverty)	Population 60+ (Disabilities)	Population 60+ (Rural)
1	Appalachia	34,895	2,685	23,960	16,745	72,889
2	Upper Savannah	12,505	275	5,505	3,945	31,497
3	Catawba	14,285	270	7,435	4,700	27,447
4	Central Midlands	34,255	1,075	10,955	8,770	28,977
5	Lower Savannah	24,150	200	10,210	6,175	35,959
6	Santee-Lynches	17,925	120	5,730	4,200	24,091
7	Pee Dee	25,790	135	10,130	6,025	36,191
8	Waccamaw	15,800	655	9,700	6,755	29,302
9	Trident	34,165	990	11,300	7,725	26,333
10	Lowcountry	13,855	505	5,085	3,925	22,110
Total	State	227,625	6,910	100,000	68,965	334,796

Chapter 4: Goals, Objectives, Performance Measures, and Action Steps

South Carolina's older adult population is growing rapidly and the number of individuals age 60 and over will double by the year 2030. The large increase in older adults necessitates a State Plan that utilizes all available resources, including people and money, in a most comprehensive, cost-effective, and balanced manner.

In its planning process, the Lieutenant Governor's Office on Aging (LGOA) developed a State Plan that provides a greater diversity of services and programs to meet the needs of the state; enhances and improves the delivery of services; promotes and embraces consumer-direction and choice; and when needed, evaluates and streamlines current programs and services.

The Older Americans Act (OAA) and the Administration for Community Living (ACL) guide the LGOA's coordination of programs and services for South Carolina. This infrastructure provides a strategic framework for planning, including strategic objectives and action steps. This framework enhances strategic development for future long-term services and supports that allow for older adults, persons with disabilities, families, and caregivers to advocate for themselves.

The LGOA developed the objectives for the State Plan by utilizing the following: multiple meetings with older adults, stakeholders, policy leaders, AAAs, providers; and other members of the South Carolina Aging Network. In addition, annual needs assessments conducted by both the LGOA and AAAs; data provided in the regional Area Plans; and best practices identified by LGOA staff in daily interactions with older adults, stakeholders, and network partners were applied in the development of this document.

The South Carolina State Plan on Aging builds upon the goals and mission of the ACL and addresses how the State of South Carolina will meet the key goals set forth for the next four years.

- **Goal 1:** Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, education, and counseling on their options to live as independently as possible in the community.
- **Goal 2:** Enable older South Carolinians and people with disabilities to live in the community and access high quality long-term services and supports through the provision of home and community-based services, including support for families and caregivers.
- **Goal 3:** Empower older adults to stay active and healthy through Older Americans Act services and other non-OAA services provided through the LGOA and South Carolina Aging Network.
- **Goal 4:** Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation.
- **Goal 5:** Maintain effective and responsible management of OAA services offered through the LGOA and within the 10 service regions in South Carolina.

The LGOA achieves these objectives through its programs and/or services. Please see Appendix F for a detailed description of LGOA programs and services.

Goal 1: Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, education, and counseling on their options to live as independently as possible in the community.

Objective 1.1: Statewide Aging and Disability Resource Centers (ADRC)

Increase access to South Carolina’s Aging and Disability Resource Centers (ADRCs). All of South Carolina’s Area Agencies on Aging (AAAs) have successfully transitioned to ADRCs, and serve as the “No Wrong Door,” “One Stop Shop,” and “Gateway” entry point for the aging network and for persons with disabilities. The ADRCs provide information and referral services for public and private long-term supports and assistance for older adults, adults with disabilities, families, caregivers, and professionals.

Annual Performance Measures

- Increase the number of calls and contacts served through ADRCs by 10 percent.
- Track the number of calls ending in a successful resolution at the ADRC level with a goal of a 50 percent or higher successful resolution rate.
- All 10 ADRCs will work with the United Way’s 211 telephone information system to assist individuals with critical information on aging services and programs.

Strategies and Action Steps

- Provide education and training to consumers to assist in planning for their future long-term care needs.
- Modify the IT system to streamline and simplify eligibility determination and service functions for Information and Referral, as well as for determining long-term care needs.
- Ensure that constituents seeking assistance from ADRCs are connected to resources, which address their needs.
- Provide outreach and educational opportunities to increase awareness of the services provided through ADRCs.
- Intervene in critical pathways to long-term services and supports through provision of person-centered options counselors, working with hospital discharge planners, physicians and ancillary health professionals.
- Develop and implement care transitions programs by working with the South Carolina Hospital Association, the Carolina's Center for Medical Excellence's Quality Information Organization (QIO), and local hospitals to develop Care Transitions Programs, which enhance patients' quality of care.
- Provide Options Counseling by adhering to the National Standards for Options Counseling.
- Work with the United Way's 211 telephone information system to assist individuals with critical information on aging services and programs.

Objective 1.2: Veteran Directed Home and Community Based Services (VDHCBS)

Create a greater awareness of the VDHCBS Program among eligible Veterans and their caregivers in order to assist those Veterans at highest risk of nursing home placement, allowing them to live comfortably in their homes.

Annual Performance Measures

- Hold at least two trainings or technical assistance sessions at the AAA level to implement support options, including training on consumer direction and steps to improve operations of being a VDHCBS provider.

Strategies and Action Steps

- Work with ACL and the Department of Veterans Affairs to seek new funding opportunities to expand program.
- Work with the Veterans Affairs Medical Centers and AAAs to expand services when possible.
- Provide training and technical assistance to the AAA to build the capacity to implement support options, including training on consumer direction and steps to improve operations of being a VDHCBS provider.

Objective 1.3: Information and Referral/Assistance (I &R/ A); SC Access

Increase the number of individuals seeking information or assistance by providing an effective Information and Referral/Assistance (I&R/A) service at the LGOA and the 10 ADRCs.

Annual Performance Measures

- The LGOA holds six meetings and six conference calls with I&R/A Specialists per year, or as needed.
- Each AAA submits quarterly I&R/A reports to the LGOA.

- Increase the number of contacts accessing I&R/A services by five percent.
- Increase I&R/A outreach by 15 percent.
- Expand the number of service profiles listed in SC Access by five percent annually.
- Increase the number of individuals visiting the SC Access website by 10 percent.

Strategies and Action Steps

- Provide fundamental and ongoing training to I&R/A Specialists on the knowledge, skills, and ability needed to efficiently assist clients who contact them.
- Provide technical assistance and training to I&R/A Specialists in becoming AIRS certified.
- Add resources and service providers to the SC Access database on an ongoing basis, and maintain a current database.
- Expand the working partnerships with individuals, groups, and organizations that can assist in identifying resources for inclusion as well as provide outlets for marketing efforts.
- Utilize technology to assist constituents and continually upgrade the On-line Support Assistant (OLSA) system.
- Develop and/or revise the training materials used for intra-agency staff, as well as by the partners' staffs to ensure that the constituency needing assistance has access to available services.
- Collaborate with the United Way to utilize the 211-information system as a tool for I&R/A Specialists.

Objective 1.4: Insurance and Medicare Counseling

Increase the number of older adults and persons with disabilities and their caregivers receiving applicable insurance counseling and information regarding Medicare enrollment, Medicare Part D prescription plans, and Medicare Advantage plans (MA). The programs associated with this objective are the State Health Insurance Assistance Program (SHIP), Medicare Improvements for Patients and Providers Act (MIPPA), and the Senior Medicare Patrol (SMP).

Annual Performance Measures

- Increase by five percent, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.
- Increase by five percent, the number of beneficiaries who contact the SHIP program for assistance.
- Offer four Medicare basic and advanced trainings annually for counselors.
- Conduct six meetings with SHIP and SMP Coordinators annually.
- Three regional outreach events are required per month (36 annually).
- Increase counseling sessions by 10 percent.
- Increase by 15 percent the number of consumers and caregivers receiving SMP counseling.
- Increase by 10 percent the number of consumers reached in rural, isolated areas.
- Increase by 10 percent community partnerships to assist in raising awareness of fraud.

Strategies and Action Steps

- Increase outreach events to provide information about MA coverage and marketing policies, thereby reducing the number of consumers misinformed about providers' acceptance of Medicare Advantage plans.
- Increase the number of partnerships in each region to help raise awareness of local SHIP, MIPPA, and SMP services.

- Develop and maintain a trained group of volunteers to conduct SMP awareness activities.
- Improve and expand the website to disseminate information online.
- Offer Medicare 101 to new Medicare beneficiaries to empower them in choosing options that suit their needs.
- Collaborate with the Centers for Medicare and Medicaid Services (CMS), the Social Security Administration, and ACL to provide the most current and accurate information to beneficiaries and the public.
- Identify and collaborate with colleges and universities to use students to enroll low-income consumers eligible for LIS.
- Utilize partnerships with entities such as the South Carolina Department of Insurance.
- Participate in monthly Senior Days at Harvest Hope and partner with other food banks in South Carolina to disseminate insurance information.

Objective 1.5: Outreach to Native American Tribes

Maintain a strong professional working relationship with the federally recognized Catawba Nation by aiding them with senior center resources and providing assistance with aging services coordinated through the LGOA. See Appendix B for details on Title III and Title VI services.

Annual Performance Measures

- The senior center/ Permanent Improvement Project (PIP) coordinator meets annually with the Catawba Nation, or as needed, to ensure that communications are open between the LGOA and the Catawba Nation.

Strategies and Action Steps

- Maintain a professional relationship with the Catawba Nation to promote services and programs provided by the LGOA.
- Identify other state recognized Native American groups to establish professional relationships and provide outreach services.

Objective 1.6: Long Term Care Planning

Provide resources, which aid in planning for individuals’ long-term care needs, and the implementation of the findings from *Creating Direction: A guide for Improving Long-Term Care in South Carolina* to enhance and develop a coordinated long term care system that develops policies, initiatives, programs, and services that move the state’s service delivery system forward. Additional information on *Creating Direction* is found in the Appendix J.

Annual Performance Measures

- The successful implementation of recommendations from the *Creating Direction: A guide for Improving Long-Term Care in South Carolina* report as appropriate.

Strategies and Action Steps

- Implement recommendations of *Creating Direction: A Guide for Improving Long-Term Care in South Carolina*.
- Utilize the Long Term Care Task Force’s Bridge Group to foster long-term care planning, strategies, and initiatives.

- Develop strategies, which allow the state to obtain an adequate balance of institutional, and home and community-based services that helps meet the needs and resource limits of our citizens.
- Work with other state health and human services agencies to implement long-term care partnerships.
- Establish meaningful relationships with members of the General Assembly and policy leaders, so that they make informed decisions on issues pertaining to long term care, including the delivery of aging services.

Objective 1.7: Non-OAA Programming

In addition to the Older Americans Act (OAA) core programs that are the foundation of activities for the Lieutenant Governor’s Office on Aging (LGOA), there are several complementary programs and undertakings through state funding. A summary of LGOA programs and services is included in Appendix F. These non-OAA programs offered by the LGOA include:

Objective 1.7.1 ElderCare Trust: Increase the number of individuals who contribute to the South Carolina ElderCare Trust Fund (ECT) through a check-off on state income tax forms or through direct contributions in order to provide more state funding for aging services.

Annual Performance Measures

- Participate in five outreach or educational efforts annually, where the benefits of the Elder Care Trust Fund are provided to potential contributors.

Strategies and Action Steps

- Coordinate education and marketing efforts to inform taxpayers of the ECT voluntary fund.

Objective 1.7.2: Geriatric Loan Forgiveness Program: The LGOA will educate policy makers about the need for more geriatric physicians in South Carolina to serve a growing senior population.

Annual Performance Measures

- Award at least one loan, depending on available funds and qualified applicants.
- Hold at least one educational outreach event at South Carolina’s medical universities annually to recruit geriatric residents/specialists.
- Increase the number of loan applications by one percent annually.

Strategies and Action Steps

- Educate members of the General Assembly about the need to provide funding to attract more physicians to specialize in geriatrics in the state.
- Hold recruiting events to reach interested medical students and residents.

Objective 1.7.3: Emergency Rental Assistance: Provide temporary rental assistance to older adults who rent, and are experiencing an emergency.

Annual Performance Measures

- Increase by five percent the number of eligible clients served, dependent on funding.

- Successfully obtain annual funding from the South Carolina Housing & Finance Development Authority to sustain the rental assistance program.

Strategies and Action Steps

- Work with the General Assembly to ensure that authorization is given to manage the Emergency Rental Assistance Program, due to an increase of allocation by South Carolina Housing Finance and Development Authority.
- Coordinate activities that promote the program, thereby creating a greater awareness of the service.

Objective 1.7.4 Nursing Home Bed Locator: Provide critical nursing home bed information to older adults who are unable to remain in their homes safely and independently. The Nursing Home Bed Locator, funded by a grant from the South Carolina Department of Health and Human Services (SCDHHS) assists the LGOA in creating a one-stop gateway for older adults seeking information about aging services throughout the state of South Carolina.

Annual Performance Measure

- Increase the number of individuals accessing the bed locator website by five percent annually.

Strategies and Action Steps

- Work with SCDHHS to ensure all Medicaid facilities participate in the program and update their status each day.
- Educate the public on how to locate nursing home information.
- The ADRCs use the Nursing Home Bed Locator when providing information and referral services to individuals needing information on available senior information.

Objective 1.7.5: Senior Pet Initiative (Boots' Tail-Wagging Buddies): Increase the number of partnerships that aid the LGOA in providing services to older adults with pet needs.

Annual Performance Measures

- Increase the number of partners by five percent annually.
- Increase the amount of monetary contributions and donated goods and services by five percent annually.
- Increase the number of older adults receiving benefits by 10 percent annually.

Strategies and Action Steps

- Develop promotional materials, including brochures that educate older adults, their families, and caregivers about the pet program.
- Collaborate with the South Carolina Veterinarian Association to provide free pet exams.

Objective 1.7.6: Food Bank Partnerships: Increase the number of older adults reached through the LGOA's new partnership with the Harvest Hope Food Bank in Columbia to provide food items and excess fresh produce to older adults with hunger insecurities.

Annual Performance Measure

- Total of older adults benefitting from this new initiative will be tracked, ensuring that the senior centers in the Harvest Hope Food Bank 22 county region are participating.

- Build upon the initial success of the partnership by increasing the number of older adults aware of the program by 10 percent annually.
- Increase participation of AAAs, senior centers, and meal providers participating in the program.

Strategies and Action Steps

- Create working partnerships with the other regional food banks in South Carolina to provide food items and excess fresh produce to older adults with hunger insecurities.
- Provide outreach services at food banks to reach older adults who may be in need of aging services.

Objective 1.7.7: Alzheimer’s Resource Coordination Council (ARCC)

Provide statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families and caregivers.

Annual Performance Measures

- Annual report submitted to the Governor and General Assembly.
- Alzheimer’s Resource Coordination Center Advisory Council (ARCC) holds quarterly meetings.
- Increase the number of persons accessing resources through the ARCC by 10 percent.
- Increase the number of trainings by 10 percent.
- Increase the number of outreach events by 10 percent.

Strategies and Action Steps

- Expand respite care programs that are dementia specific, including in-home, as well as social model group respite to support caregivers, and promote a higher quality of life for the person with Alzheimer’s disease and related disorders (ADRD).
- Educate potential patients and caregivers about the early symptoms of Alzheimer’s disease and available clinical resources through health fairs, seminars, and other community events.
- Seek more funding for Alzheimer’s programming through increased state appropriations.
- Provide seed grants for respite and education programs, targeting underserved communities.
- Coordinate the Alzheimer’s Resource Coordination Center Advisory Council and hold quarterly meetings.

Objective 1.7.8: Adult Guardian ad Litem

Provide Adult Guardian ad Litem services to vulnerable adults in South Carolina in cases of abuse, neglect, and exploitation. (As of July 1, 2016, the Adult Guardian ad Litem program will be located at the LGOA.)

Annual Performance Measures

- Data collection for the vulnerable adults receiving services, showing percentage of cases opened and percentage with a successful resolution.
- Increase the number of clients receiving services by five percent annually.

Strategies and Action Steps

- Transition the Adult Guardian ad Litem program from the University of South Carolina to the LGOA.
- Secure the state funding necessary to assist in the operations of the program (technology, staffing, etc.)
- Educate the public to create awareness of the program.

Goal 2: Enable older South Carolinians and people with disabilities to live in the community and access high quality long-term services and supports through the provision of home and community-based services, including support for families and caregivers.

Objective 2.1: Family Caregiver Support Program

The LGOA seeks to increase the number of caregiver recipients in South Carolina. In order to serve the large number of family caregivers in the state, the LGOA has successfully secured \$1,000,000 in recurring state funds for respite services and annually seeks additional recurring or non-recurring funds to meet the needs of a growing senior population. These state funds compliment and expand services available under Title III-E.

Annual Performance Measures

- Expand the number of family caregiver support recipients by five percent annually.
- Hold quarterly caregiver advocate meetings at the LGOA.
- Each AAA submits quarterly Family Caregiver Program Reports to the LGOA.
- Increase by three percent the number of volunteers utilized regionally.

Strategies and Action Steps

- Enact policies that make the family caregiver program more consumer-driven.
- Seek additional funding for a growing population of family caregivers.
- Enact polices when necessary to integrate high quality, person-centered programs to provide flexibility that gives the caregiver more options to make informed decisions supporting the needs of the care recipients.
- Increased number of support groups, caregiver training, and respite options in each region annually.
- Use standardized assessment forms and processes to ensure those most in need are served.
- Increase outreach through state/regional advisory committees.
- Work with the Long Term Care Task Force to initiate recruitment/training for volunteers, professionals, and lay persons (including family caregivers) through Institutions of Higher Education.
- Expand vouchers across the lifespan; increase coordination with other voucher programs.
- Improve regional/local collaboration to expand and enhance support and services for families and caregivers.
- Work with the AAAs to increase respite options for families receiving respite services.
- Create sustainability through increased integration in South Carolina's Long Term Services and Supports (LTSS).

Objective 2.2: Life Span Respite (Building Long-Term Sustainability in State Lifespan Respite Programs in South Carolina)

The goal is to further integrate respite services into South Carolina's long-term services and supports (LTSS) as part of a coordinated and sustainable lifespan respite system.

Annual Performance Measures

- Improved regional/local collaboration.
- Increased respite training options through higher education.
- Increased respite options and number of families receiving respite.
- Sustainability through increased integration in South Carolina's long-term services and supports.
- New knowledge on Lifespan Respite that contributes to the fields of aging, disabilities, and lifespan respite (LTSS).

Strategies and Action Steps

- Increase outreach through state/regional advisory committees.
- Work with the Long Term Care Task Force to initiate recruitment/training through institutions of higher education.
- Expand vouchers across lifespan; increasing coordination with other voucher programs.

Goal 3: Empower older adults to stay active and healthy through Older Americans Act (OAA) services and other non-OAA services provided through the Lieutenant Governor's Office on Aging (LGOA).

Objective 3.1: Evidence-Based Health Prevention and Wellness Programs

Increase the number of older adults participating in evidence-based health and wellness programs.

Annual Performance Measures

- Expand the number of older adults utilizing evidence-based health and wellness programs in South Carolina by 10 percent.
- Increase the number of entities providing these services through certified instructors by five percent.
- Each AAA submits quarterly activities evidence-based reports to the LGOA.

Strategies and Action Steps

- Target older adults to participate in evidence-based programming through efforts that provide a greater awareness of program benefits, demonstrating that individuals completing the program experience an enhanced quality of life.
- Work with state and local providers to bolster resources to provide cost-effective and balanced prevention services to older adults and their caregivers.
- Use quality assurance measures to ensure fidelity to evidence-based health and wellness programs.
- Research other evidence-based programming for use statewide.

Objective 3.2: Transportation Services

Serve more eligible older adults with transportation needs by coordinating a transportation system that enhances the lives of South Carolina's older adults, giving them the ability to live independently for as long as possible in the community.

Annual Performance Measures

- Increase the number of clients utilizing transportation services by 10 percent.
- Expand the number of volunteers by five percent.

Strategies and Action Steps

- Build upon the success of South Carolina Department of Transportation grants utilizing volunteers in the Assisted Rides program.
- Identify additional funding sources from federal, state, and other grant sources.
- Monitor the Point-to-Point Transportation System to ensure that the AAAs and local services providers are accurately adhering to the policies.
- Coordinate with the AAAs and local service providers to modernize approaches to delivering transportation service.
- Review Medicaid brokerage and service provision processes to mitigate any negative impact the Medicaid brokerage system may have in current statewide coordination efforts.
- Address access to medical services for preventative health care measures.
- Address access to non-medical services to avoid isolation of older adults without transportation.
- Collaborate with partners such as Charleston Rides and Neighbor to Neighbor of Horry County to increase the transportation options available in South Carolina for a growing senior population.
- Use the revised assessment tools and policies to determine which older adults have priority to receive services.
- Work with the AAAs to offer services utilizing state funding while also encouraging coordinated and effective cost sharing and private pay measures in order to have grant related income (GRI) to enhance services.

Objective 3.3: Nutrition Program and Services

Increase the number of eligible older adults served nutritious meals by evaluating and modifying, as needed, the nutrition program to ensure cost efficiency and overall quality of product. It is also the goal of the LGOA to work with the AAAs and their providers to implement greater person-centered choice options to maximize the number of people served with the available funding with the target of preventing, delaying, or managing chronic health conditions. South Carolina seniors currently rank second in the nation for hunger insecurity.

Annual Performance Measures

- Increase the number of meal clients by 10 percent annually.
- Maintain or improve nutrition status of 98 percent score on the Nutrition Screening Initiative (NSI) on meal consumption, fruit and vegetable consumption, and dairy consumption.
- Increase by 50 percent the number of clients receiving nutrition education.
- Each provider will hold 12 nutrition education sessions annually.
- Decrease by five percent the number of older adults indicating food insecurity through the LGOA assessment process.

- Collect data showing consumer satisfaction scores by region, with the goal of increasing satisfaction scores by five percent annually.
- Local providers will conduct an annual consumer satisfaction survey.

Strategies and Action Steps

- Enact policies ensuring that meals provided to clients meet or exceed the standards of the Older Americans Act, ACL nutritional guidelines, and the 2015-2020 Dietary Guidelines for Americans.
- Enact policies, which aid in improving or maintaining the nutrition status of 98 percent of nutrition program clients as measured by the NSI tool focusing on improving meal consumption, fruit and vegetable consumption, and dairy consumption.
- Work with registered dietitians from the regions to review current nutritional program regulations and align them with the 2015-2020 Dietary for Americans Guidelines.
- Conduct monitoring that evaluates the effectiveness of the services regionally.
- Identify cost effective methods to reduce meal costs, including but not limited to cooking methods and/or the use of vouchers.
- Encourage the AAAs to provide competition in the procurement of meals from vendors.
- AAAs shall ensure that their local providers have client advisory councils at each meal site to provide customer feedback.
- Reduce food insecurity among older adults, by decreasing in number and percent of clients indicating food insecurity using the Food Security Assessment Survey.
- Monthly, quarterly, and annual reviews of data collected at the local levels will be used to ensure the proper utilization of funds and to maximize the number of clients served.
- Study options to expand food delivery and dining options regionally. Demonstrate success of this objective by collecting data showing person-centered delivery and/or dining options in each region.
- Meet regularly with AAAs, providers, nutrition coordinators, and dieticians to review current policy and dietary guidelines and to discuss person-centered choice and menu opportunities.
- When feasible, have demonstration and pilot programs to expand food delivery and dining options regionally, to ensure that older adults have person-centered choice options.
- The ADRCs will assist individuals on waiting lists with SNAP applications by using regional Information and Referral/Assistance Specialists to work with clients.
- Work with AARP and the Department of Social Services to expand the Senior Farmers Market Voucher program statewide.

Objective 3.4: Enhancing South Carolina's Senior Centers

Create and support senior centers that offer vibrant activities and multiple services aiding older adults to live independently in the community for as long as possible. South Carolina's goal is to make all senior centers focal points for older adults in each region.

Annual Performance Measures

- Have at least one Permanent Improvement Project (PIP) grant cycle annually, allocating \$948,000 to qualified senior centers.
- Hold an annual training to provide technical assistance to senior center directors or staffs.

Strategies and Action Steps

- Evaluate and modify, as needed, the Senior Center program and provide support to senior centers that are striving to meet the needs of the current population and to embrace the needs of the emerging baby boomer population.
- Identify best practices for senior centers and conduct training and technical assistance for senior center directors and staff.
- Create incentives for senior centers that develop and implement programming geared for meeting the needs of the baby boomers.
- Assist senior centers with fundraising activities to support best practice programming.
- Assist senior centers with diversifying funding and in developing programs to be self-sufficient and/or profitable.
- Senior centers are encouraged to use the National Council on Aging's established senior center standards and to model their best practice facilities, resulting in accredited and successful senior centers.
- The LGOA and AAAs will conduct site visits to assess operations, services, and activities.
- Conduct focus groups of consumers in at least four regions of the state.
- Enforce state and federal guidelines for senior centers and have open accountability processes to assure the required practices are adhered to each day at the centers and meal sites.
- Study the feasibility of an incentive program for senior centers to participate in the National Council on Aging (NCOA) Senior Center Accreditation Program.
- Work with the local providers to offer more availability of evidence-based activities for adults at senior centers.

Objective 3.5: Senior Employment Opportunities

Increase access to employment and job trainings for low-income older adults in need of additional income.

Annual Performance Measures

- Increase the number of older adults seeking job training by five percent annually.

Strategies and Action Steps

- Ensure that all eligible older adults have knowledge of the services through outreach and can gain access to the program.
- Based on an assessment, provide training opportunities to enhance the lives of older adults.
- Expand cooperative efforts through partnerships between the LGOA, AAA, and other aging network stakeholders.

Objective 3.6: Emergency Preparedness and Coordination

Proactive preparation for emergencies, and coordination with the AAAs to ensure that regional policies are in place and evaluated annually, or as necessary, to ensure the safety of older adults and persons with disabilities before, during, and after an emergency situation.

Annual Performance Measures

- The LGOA revises its emergency plan annually, or as needed.
- LGOA staff participates in annual drills and trainings at the South Carolina Emergency Management Division (SCEMD).
- Discuss emergency coordination at least four of the 12 AAA meetings hosted by the LGOA.

- The LGOA will host or present one emergency management preparedness meeting/training with the AAAs annually.
- Each AAA submits annual revisions of their emergency preparedness plan to the LGOA.
- AAAs participate in annual training and exercises at the county and regional level.
- Each AAA is encouraged to hold or coordinate quarterly meetings with county emergency coordinators and partners.
- Each AAA holds quarterly meetings with local providers to plan for emergencies.
- The LGOA will host at least two Senior P.R.E.P. (Senior Planning and Resources for Emergency Preparedness) events throughout the state annually.

Strategies and Action Steps

- The LGOA works closely with the South Carolina Emergency Management Division (SCEMD), and the agency is assigned a role in mass care as part of the Essential Support Function (ESF)-6 division.
- The LGOA maintains working relationships with multiple state agencies and partners to plan and coordinate for emergencies.
- The LGOA's Emergency Preparedness Coordinator notifies the AAAs and provider through email alerts during emergencies or when dangerous weather is forecasted.
- The LGOA requires the AAAs to have emergency plans for their regions that are revised annually or when necessary.
- AAAs and regional emergency managers establish and maintain relationships prior to a request for assistance during an emergency.
- AAAs and providers offer the support necessary to help our targeted population in an impacted area return to normal status after an emergency.
- Sign Mutual Aid Agreements between AAAs, allowing entities who already have familiarity with aging programs to aid stricken areas.
- The LGOA and AAAs will attempt to reach as many older adults as possible using resources such as the 2015 LGOA Flood Guide and other outreach efforts.
- The AAAs provide a list of all emergency trainings and drills as part of their Area Plans.
- The AAAs and providers, as part of their emergency plans, have a current and accessible list of clients and family contacts to be called during emergencies.
- Expand collaborative efforts with Walgreens and other emergency preparedness partners to host Senior P.R.E.P. events. The events provide older adults with critical information, which aids them in planning for emergencies.
- As part of the quarterly I&R/A report, each AAA provides an update on their coordination with local emergency management personnel.

Goal 4: Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities.

Objective 4.1: Long Term Care Ombudsman Program (LTCOP)

Identify and implement strategies to ensure that the Ombudsman program is more effective and efficient in advocating for all residents in long-term care facilities, thereby improving the quality of life and quality of care for residents in long term care facilities.

Objective 4.1.1: Increase resident/family access to effective and timely advocacy services.

Annual Performance Measures.

- Increase the number of quarterly visits to facilities by Ombudsmen representatives by five percent annually.
- Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by five percent annually.
- Increase the number of calls for consults and complaints to the Ombudsman Program by five percent annually.
- Increase the number of trained Volunteer Ombudsmen by five percent annually.

Strategies and Action Steps

- Enhance training for Ombudsmen and Volunteer Ombudsmen so that they have knowledge and an understanding of the new Ombudsman regulations issued by ACL.
- Evaluate annually the South Carolina Aging Network's Policies and Procedures, as well as the Ombudsman Program Policy Manual to ensure that these policy directives are up-to-date.
- Develop and distribute culturally appropriate literature about long-term care, rights, benefits, and resources.
- Provide consumers with information on how to reach the Ombudsman program and/or make a complaint.

Objective 4.1.2: Empower residents and their families to resolve concerns through self-advocacy, while creating a greater awareness of the Ombudsman program.

Annual Performance Measures

- Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by five percent.
- Expand the number of Resident and Family Councils by five percent.
- Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills.

Strategies and Action Steps

- Enhance programmatic monitoring to ensure that the Ombudsmen and local Ombudsmen are meeting with residents and family members to assist in the development of Resident and Family Councils.
- Work with the local ombudsman programs to develop new educational trainings.

Objective 4.1.3: Maximize partnerships to prevent abuse, neglect, and exploitation.

Annual Performance Measures

- Increase the number of community education events about the prevention of elder abuse and exploitation by 10 percent.
- Draft proclamation from the Governor recognizing World Elder Abuse Awareness Day in 2017.
- Publicize events in multiple media outlets to include newspaper, radio, TV, and website to increase number of events by five percent.

Strategies and Action Steps

- Collaborate with members of South Carolina Adult Protection Coordinating Council (APCC) to provide public awareness, technical assistance, and training about abuse, neglect, and exploitation.
- Create and maintain partnerships with the APCC and caregiver and respite coalitions that will allow access to additional audiences statewide to educate about abuse, neglect, and exploitation.
- Establish regular meetings with caregiver and respite coalitions to exchange information.
- Expand World Elder Abuse Awareness Day activities.

Objective 4.1.4: Improve systems advocacy efforts to address facility-wide or statewide issues and problems experienced by residents.

Annual Performance Measures

- Increase awareness that results in a five percent reduction in off-label usage (currently 14.30 percent) of anti-psychotic medications in dementia residents.
- Increase access to voting and increase the number of residents voting by five percent.

Strategies and Action Steps

- Establish new collaborations with local and national organizations to reduce usage of psychotropic medications in dementia residents.
- Work with Protection and Advocacy and the South Carolina Election Commission to provide voter education materials to residents.
- Work with the South Carolina Coalition for Dementia Care to develop educational materials and conduct trainings for community members, residents, families, and facility staff.

Objective 4.2: Statewide Legal Assistance Program

Provide state leadership in ensuring the rights of older individuals; improve state capacity to provide legal assistance; and provide training and assistance designed to improve the quality and quantity of legal services provided to older individuals.

Annual Performance Measures

- Increase the number of partnerships with Legal Service providers by five percent.
- Conduct three trainings with AAA Legal Service coordinators and providers.
- Make annual monitoring visits to the 10 AAAs to review the performance of regional Legal Service coordinators.
- Require comprehensive data annually from the AAAs showing existing utilization of Title III-B Legal Services funding and the demand for additional resources to meet the identified needs.

Strategies and Action Steps

- Require annual reporting of data from the AAAs that identifies underserved and unmet needs for legal services in the target population.
- Provide LGOA management with comprehensive data on existing utilization of Title III-B Legal Services funding and the need for additional resources to meet the identified needs.
- Build and maintain working partnerships with legal services providers, courts, and attorneys throughout the state to provide education, information, counsel, representation, and protection from abuse, neglect, and exploitation to seniors through diverse venues.

- Collaborate with Legal Service providers to expand the services that are currently provided, develop additional pro bono/reduced fee panels, and leverage the value of Title III-B funding for legal services.
- Create, utilize, and promote educational initiatives with partners from Legal Services, the South Carolina Bar, the Access to Justice Commission, attorneys, and judges, which provide information to seniors, their caregivers, and the professionals who serve them through the legal process.
- Create and maintain resources that educate seniors, refer them to service providers, and empower self-direction.
- Collaborate with entities such as University of South Carolina Law School Project Ayuda and the South Carolina Access to Justice Commission to develop Limited English Proficiency (LEP) information and forms for a Self-Represented Litigant (SRL) population.
- Provide informational sessions on advance directives and other legal information to organizations throughout South Carolina.
- Participate on the South Carolina Elderlaw Committee and its sub-committees to improve advocacy of and awareness on legal issues that affect seniors and vulnerable adults.
- Participate in national training with the legal service developer from other states and participate as an active member of the National Association of Legal Service Developers.
- Apply for the next phase of the Model Approaches grant to assess and expand the capacity of the legal services delivery system in South Carolina.

Objective 4.3: Healthy Connections Prime Dual Eligible Demonstration Ombudsman Program

Promote the rights of Healthy Connections Prime members through all phases of the traditional Medicaid and Medicare programs, while protecting the privacy of the member.

Annual Performance Measures

- This is a new program for the LGOA and the goal is to increase participation by five percent annually.

Strategies and Action Steps

- Ombudsmen work with clients to resolve problems.
- Ombudsmen provide information about services and explain client rights.
- Provide federal coverage and payment coordination for dual eligible beneficiaries.
- Inform dual eligible clients about services and explain their rights.
- Maintain participation in the South Carolina Dual Eligible project through membership on the statewide advisory board and the Integrated Care Workgroup.

Goal 5: Maintain effective and responsible management of OAA services offered through the Lieutenant Governor’s Office on Aging (LGOA) and within the 10 service regions in South Carolina.

Objective 5.1: Evaluate and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices.

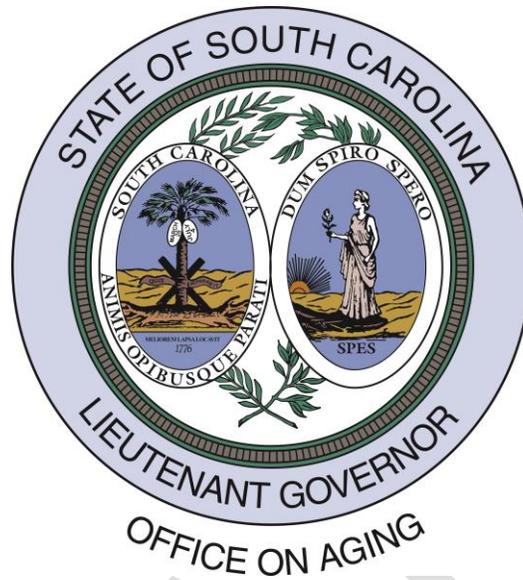
Annual Performance Measures

- Submit an annual agency accountability report to the General Assembly and Governor.
- Revise the South Carolina Aging Network's Policies and Procedures Manual annually or as needed.
- AAAs conduct needs assessments annually to evaluate regional concerns and demands.
- Hold monthly (12) programmatic and fiscal reviews of payment invoices compared with AIM data to ensure both fiscal and service integrity.
- Annual revision of the Terms and Conditions in the Multigrant Notification of Grant Award to ensure they reflect current programmatic and fiscal compliance.

Strategies and Action Steps

- Evaluate and modify, as needed, the internal structure of the LGOA to ensure effective and efficient management of programs and services for both federal and state funding.
- Enact policies and procedures, which create a strong working environment where all requirements of the Older Americans Act and the LGOA's Policies and Procedures Manual are followed as required.
- Review Quality Assurance reports submitted by AAAs annually.
- Review and revise when necessary, monitoring tools for each program used by the LGOA and AAAs to ensure that respective policies manuals and contract requirements are met.
- Ensure that the data systems for tracking programs and services are in place and providing accurate data.
- Ensure that current funding is serving the appropriate number of consumers as evidenced by contract scope of service outlining performance measures based unit cost.
- Provide technical assistance to the AAAs regarding fiscal management, budgeting, and quarterly reporting.
- Review AAA expenditures monthly and quarterly to compare the number of clients served as reported in AIM, to determine if programs and services are on target with performance goals to meet contract requirements.
- Review and revise LGOA assessment policies as needed.
- Evaluate the waiting list and determine if there are ways to redesign the service delivery system to be able to serve more people.
- Modernize LGOA and AAA finance and programming policies to ensure greater accountability and transparency.
- Update the AIM data collection system to replace an outdated 16-year-old statewide computer network, if funding is available.
- Coordinate with the AAAs to improve the process for procurement of services to increase competition and allow for consumer choice where multiple providers are available.
- Determine the fair market value for services and develop strategies to keep costs within range. Make unit cost for services reflect fair market values when feasible.
- Promote cost-sharing measures throughout the state. AAAs will use GIS mapping to target low-income older adults utilizing or seeking services.
- Ensure that a well-trained staff has the best technology and software tools within available resources.
- Enhance security guidelines for the LGOA and AAAs that strictly adhere to state and federal laws regarding data collection and warehousing.

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Appendix

Appendix A	2017 State Plan Assurances
Appendix B	State Plan Guidance
Appendix C	Intrastate Funding Formula (IFF)
Appendix D	South Carolina Planning Service Areas
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Appendix A: 2017 State Plan Assurances

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State Plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
 services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
 in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and legal assistance;
 and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency

response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in

the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: “Periodic” (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Signature and Title of Authorized Official

Date

Appendix B: State Plan Guidance

FY 2016 State Plan Guidance INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

LGOA Response

- 1. The Intrastate Funding Formula is weighted to address the targeted population mandated by the Older Americans Act: Population age 60 and over; low-income elderly; elderly living in rural areas; and population age 60 and over with limited English proficiency.**
- 2. The South Carolina Aging Network's Policies and Procedures Manual stipulates that the Area Agencies on Aging (AAAs) and their local providers will serve populations with the greatest social and economic needs. Each AAA is responsible for monitoring its providers to ensure that the targeted populations are being served.**
- 3. The LGOA, working with the AAAs and the local service providers, revised the client assessment form in order to ensure targeted populations are reached. This policy change is effective July 1, 2016.**
- 4. The LGOA, working with the AAAs, updated the client assessment process to provide greater accountability and to ensure that targeted populations are served. By July 1, 2017, each AAA will be responsible for conducting client assessments in their respective regions, thus ensuring greater accountability and providing a holistic approach to how each client is matched to services. All individuals conducting assessments will be properly trained and certified by the LGOA. The AAAs will be held accountable for the quality of assessments in their regions.**
- 5. Each AAA is tasked with monitoring service activities, which include the evaluation of persons served who are in the targeted populations. In turn, LGOA program staff monitors the programs and services within their respective programmatic areas to ensure the AAAs are serving the targeted populations.**
- 6. LGOA, AAA, and provider staff participate in numerous outreach and educational sessions annually, in order to reach targeted populations.**

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

LGOA Response

As mandated by the Older Americans Act, Presidential Policy Directive 8 National Preparedness (PPD:8), and an Executive Order issued by the Governor, the LGOA plays a very proactive role in coordinating emergency management planning in the State of South Carolina. The main goal of the LGOA's strategic development planning process is to provide the AAAs and their contracted providers the tools, guidance, knowledge, and opportunities to address emergency coordination regionally through collaborations with relevant organizations, resulting in the AAAs becoming more involved in community planning.

The LGOA works directly with the AAAs to ensure the programmatic integrity of the logistics for emergency functions in the state and regions, in order to guide the AAAs in their responsibility of providing safety and security for targeted populations in the event of an emergency. Through its emergency management coordination initiative and with the guidance and direction of the South Carolina Emergency Management Division (SCEMD), the LGOA has established a uniform disaster preparedness plan infrastructure for all the AAAs based on FEMA's Comprehensive Preparedness Guide.

The LGOA emergency preparedness and coordination staff works directly with the AAAs to ensure that each planning and service area has a working emergency preparedness plan. In addition, the LGOA requires each AAA to submit components of its emergency preparedness plan in its Area Plan, and each AAA must submit emergency management coordination updates in their Annual Area Plan Update. In addition, each local provider is required to have emergency plans that are monitored by its respective AAA.

The South Carolina Aging Network's Policies and Procedures Manual stipulates the roles assigned to the LGOA, AAAs, and providers for emergency planning and coordination during actual emergency events. The AAAs are expected to address the stipulations in their regional emergency plans.

Through its strategic planning, the LGOA is active in promoting, bringing awareness to, and supporting emergency management related issues within the AAA regions by reaching out to prospective agencies and organizations with which the AAAs would benefit from establishing partnerships. Each AAA is required to establish a working relationship with county emergency management governmental organizations and non-profit entities, such as the Red Cross and Salvation Army, to aid in emergency coordination.

Section 307(a)(2)

The plan shall provide that the State agency will:

(A) *Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

LGOA Response

The LGOA has established the following minimum percentage of Older Americans Act (OAA) Title III-B funds received by each AAA that shall be expended for priority service categories:

- **15 percent for services associated with access: transportation, outreach, and Information and Referral/Assistance;**
- **10 percent for in-home services: homemaker and home health aide, telephone reassurance, and chore maintenance; and**
- **one percent for legal assistance.**

Section (307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

- (i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
- (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*
- (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

LGOA Response

The Intrastate Funding Formula (IFF) for South Carolina has set a weight of five percent for the rural population served. Appendix C includes an explanation of the IFF and a demonstration of allocations based on the new IFF targets and weights.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

LGOA Response

The Intrastate Funding Formula is weighted and the needs of older individuals living in rural areas is a targeted population served by the LGOA. The IFF proportioned weights are as follows: baseline of 35 percent, 60 and over population is 20 percent, 60 and over minority population is 18 percent, 60 and over English Language Proficiency is 2 percent, 60 and over population at or below poverty is 10 percent, 60 and over population moderately or severely disabled is 10 percent, and the state rural and socio-economic indicator is 5 percent.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

LGOA Response

The number of low-income minority older individuals in the State of South Carolina, including the number of low-income minority older individual with limited English proficiency is determined by using the most current United States Census data available. The determination of targeted population seniors utilizing services through the Lieutenant Governor’s Office on Aging and the South Carolina Aging Network is established through the LGOA’s client assessment policies and the assessment process. The population of low-income minority older individuals in the state is 100,010 and the population identified for the statewide limited English Proficiency population is 6,910.

The South Carolina Aging Network’s Policies and Procedures Manual stipulates the protocols and procedures utilized to reach all targeted populations mandated by the Older Americans Act.

Through its policies and procedures, as well as through revised assessment policies, the LGOA, the AAAs, and the local service providers proactively target low-income and Limited English Proficiency populations for services. The state uses translation services and stipulates that the AAAs also have contractual agreements with translation services.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities*.

LGOA Response

The State of South Carolina has one federally recognized Native American tribe. The Catawba Indian Reservation works closely with the Lieutenant Governor's Office on Aging (LGOA) and the Catawba Area Agency on Aging. LGOA staff meets with representatives from the Catawba tribe and keeps in regular contact with them. In 2014, the LGOA awarded an Emergency Senior Center Permanent Improvement Project (PIP) grant to the Catawba tribe. The Catawba tribe has already made an inquiry into the availability of PIP funding in 2016 – 2017. In addition, the Catawba tribe contracts with the York County Council on Aging to provide daily meals to its group dining facility and senior center. The goals, annual performance measures, and action items for Native American outreach is included in Chapter four of this Plan.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

LGOA Response

The Lieutenant Governor's Office on Aging has an emergency preparedness plan, which is reviewed and updated at least annually. Working with the AAAs and local service providers, the LGOA provides technical support to ensure that all emergency plans on the state, AAA, and provider level address the needs of targeted service population during disasters and emergencies.

These emergency plans were successfully utilized during the 2015 flood disaster. During the catastrophic flooding, the LGOA remained in constant contact with the AAAs and providers, as well as the Atlanta Regional Staff for the Administration for Community Living. As a response to the flood event, the LGOA has convened several meetings with the AAAs and the South Carolina Emergency Management Division to make necessary improvements and revisions to the State Emergency Preparedness Plan. The AAAs are working locally to revise their Emergency Preparedness Plans to include lessons learned and best practices identified during the flood.

As referenced previously in the response for Section 306(a)(17), the LGOA played a critical role during the 2015 flood emergency and recovery:

- The LGOA has an assigned role for emergency preparedness and coordination with the South Carolina Emergency Management Division (SCEMD). The LGOA at the direction of the SCEMD has established a uniform disaster preparedness plan format for all the AAAs based on FEMA's Comprehensive Preparedness Guide.
- The LGOA has an emergency management coordinator who serves as the agency's liaison to other state agencies and the AAAs. The emergency management coordinator facilitates planning, training, and coordination, and is responsible for the agency's emergency plan.
- The emergency management coordinator works directly with the Lieutenant Governor's Chief of Staff, and is responsible for providing updates as needed to LGOA staff and to aging network partners. These updates are distributed via email before, during, and after an emergency situation (such as weather updates, closings, or warnings).
- During emergencies, LGOA staff is assigned to work shifts at the SCEMD.
- LGOA staff attends training sessions at SCEMD and participates in emergency management focused task force meetings and simulation drills throughout the year.
- As a result of the 2015 flood emergency, the LGOA convened all of the AAA Directors and the regional emergency preparedness coordinators for lessons learned sessions. The information gathered during these sessions is being used to enhance emergency management coordination before future emergencies and to update the LGOA's uniform disaster preparedness plan.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

LGOA Response

The Lieutenant Governor's Office on Aging (LGOA) has a critical role in emergency preparedness and coordination through its assigned role with the South Carolina Emergency Management Division. The LGOA's emergency management coordinator reports directly to the agency head during declared emergencies and all decisions affecting the senior population served by the LGOA are made by the agency head. The agency head plays a critical role in the development, revision, and implementation of emergency plans and meets as needed with the LGOA's emergency preparedness coordinator.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

LGOA Response

The Lieutenant Governor's Office on Aging (LGOA) stays in compliance with all provisions of Section 705(a)(7) through multiple means. Through this response, the LGOA provides assurances that it executes the provisions of paragraphs one through six of this Title.

As described in Appendix G of this Plan, a statewide needs assessment is conducted annually that incorporates data and information gathered from multiple database sources. The LGOA also utilized information received from all 10 of the state's regions through Faces of Aging listening tour sessions. Participants at the Faces of Aging tour included citizens, the aging network, and stakeholders.

When identifying state and regional needs, the LGOA utilized data obtained through its On Line Support Assistant (OLSA) data system and AIM system, as well as the client assessment process (including annual reassessments). The AAAs are required to submit regional needs and unmet needs as a component of their Area Plans and Annual Area Plan Updates, and monthly through their Information and Referral Assistance (I&R/A) updates. The LGOA evaluates this information to identify the top 10 needs. The goals and objectives of the State Plan target the needs identified.

The LGOA developed and routinely up-dates its *Policies and Procedures Manual* in which all programs administered by the LGOA are outlined and policies issued, including fiscal policies and procedures. The policies are reviewed annually, or as needed, to determine if revisions are necessary. LGOA staff works closely with AAA staff to make recommendations. The LGOA issues Program Instructions (PI) to the AAAs when changes take place.

The LGOA held public hearings on the State Plan in which the identified needs, goals, and objectives were discussed. The AAAs are also required to hold public hearings prior to the submission of the 4-year area plan and in each year if there are significant changes.

The Area Plan format includes goals and objectives for the Elder Rights program, Ombudsman, and Legal Assistance.

The LGOA consults with AAAs to identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining benefits and rights. Using uniform procedures and/or assessments, Older South Carolinians will, in consultation with the AAA's State Health Insurance Assistance Program (SHIP), Long Term Care Ombudsman Programs, and contracted legal service providers have access to and assistance with securing and maintaining their benefits and rights. Additionally, dual beneficiaries will receive assistance through the Prime Ombudsman program.

To carry out each of the vulnerable elder rights protection activities described in the chapter; the State will use funds made available under the elder rights subtitle, and will not supplant, any funds that are expended under any Federal or State law.

The State assures that it will not place additional restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C) on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5). The requirement for eligibility is outlined in the LGOA's Policies and Procedures Manual, as well as in the LTCOP Policies and Procedures Manual.

In respect to paragraph six, the LGOA assures it is executing elder abuse programs consistent with relevant State law and coordinated with existing State adult protective service activities. The LGOA through statutory provision has two seats (SUA and SLTCO) on the Adult Protection Coordinating Council. As part of its elder rights program responsibilities, the LGOA and the SLTCO must work in concert with its adult protection partners to provide public education, receive reports of elder abuse, and refer (with consent) to the appropriate agency/entity for resolution of the issue.

Appendix C: Intrastate (IFF) Funding Formula

Each State Intrastate Funding Formula (IFF) submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met: OAA, Sec. 305(a)(2) “States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account (i) the geographical distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with the greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2010 or later), or more recent data of the equivalent quality available in the State.

Section 305 (d) of the Older Americans Act (OAA)

The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula’s assumptions and goals, and the application of the definitions of greatest economic or social need,*
- (2) a numerical statement of the actual funding formula to be used,*
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and*
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.*

- States may use a base amount in their IFFs to ensure viable funding for each Area Agency.

Philosophy of the Intrastate Funding Formula

The guiding philosophy of the South Carolina Intrastate Funding Formula is to provide equitable funding to ensure quality services to persons age 60 and above, including those older persons with the greatest economic and social needs, low-income, minority persons, older individuals with limited English proficiency, and persons residing in rural areas.

Intrastate Funding Formula Assumptions and Goals

The Lieutenant Governor’s Office as the State Unit on Aging (SUA) utilizes the following factors to distribute Older Americans Act funds by Planning and Service Areas (PSA).

The current formula provides specific weight for each of the following populations:

- Persons age 60 years of age and older;
- Low-Income population age 60 years and older;
- Minority population age 60 years and older;
- Proportion of State population age 60 years and older that is moderately or severely impaired (ADL);
- Proportion of state rural population age 60 years and over; and

- Population age 60 years and over older with limited English proficiency.

The Intrastate Funding Formula achieves the following goals:

- Satisfies requirements of the OAA and Title III regulations;
- Is simple and easy to apply; and
- Presents the method for allocating funds in an easily understood format.

The LGOA has revised the funding formula to reflect the requirements of the Older Americans Act, using current demographical and population data available from the United States Census Bureau. All future updates to the IFF will be based on population estimates provided by the Census, using the most current data available.

Targeted Population Definitions

60+ Population

The number of persons in the age group 60 and above.

Minority 60+ Population

Number of persons age 60 plus who are minorities (non-white) and are below the poverty level, as established by the Office of Management and Budget (OMB) in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents “special attention to Low-Income minority older individuals” as required by the Older Americans Act.

Low-Income 60+ Population

Number of persons age 60 plus who are below the poverty level as established by the OMB in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents economic need as defined by the Older Americans Act.

Estimated Rural 60+ Population

Number of persons age 60 plus who reside in a rural area as defined by the United States Census Bureau. This factor represents the social need factor of “geographic isolation” as defined by the Older Americans Act.

Individuals with Disabilities 60+ Population

Number of persons age 60 plus who have a “mobility or self-care limitation” as defined by the Census Bureau. This factor represents the social need factor of “physical and mental disability” as defined by the Older Americans Act.

Individuals with Limited English speaking proficiency 60+ Population

Number of persons age 60 plus who speak with limited English proficiency. This factor represents the social factor of language barriers as defined by the Older Americans Act.

Numerical Statement of the Intrastate Funding Formula

$$Pfund = Base*0.35 + P60*0.20 + Pm*0.18 + Pelp*0.02 + Ppov*0.10 + Pdis*0.10 + Prur*0.05$$

$$Amt = FedFunds * Pfund$$

Factor	Definition	Weight
Pfund	Proportion of funding for the Planning and Service Area (PSA)	
FedFunds	Federal Funds Available for Allocation	
Amt	Amount allocated to the PSA	
Base	Base is divided equally among the ten (10) PSAs	35.00%
P60	PSA Proportion of State 60 plus population	20.00%
Pm	PSA Proportion of State 60 plus minority population	18.00%
Pelp	PSA Proportion of State 60 plus English Language Proficiency	2.00%
Ppov	PSA Proportion of State 60 plus population at or below poverty	10.00%
Pdis	PSA proportion of state 60 plus moderately or severely disabled	10.00%
Prur	PSA Proportion of 60 plus state rural	5.00%

Intrastate Funding Formula Factors

Adhering to the requirements of the Older Americans Act, the Lieutenant Governor’s Office on Aging demonstrates in the charts below the factors that determine how the Intrastate Funding Formula allocates funds for the 10 Area Agencies on Aging in the State of South Carolina.

Geographic Region		Formula Factors							
PSA	Name	TotPop	Base	60+	60+M	60+EP	60+Pov	60+Dis	60+ Rural
1	Appalachia	1,184,615	10.00%	238,225	34,895	2,685	23,960	16,745	72,889
2	Upper Savannah	218,100	10.00%	50,050	12,505	275	5,505	3,945	31,497
3	Catawba	370,355	10.00%	72,940	14,285	270	7,435	4,700	27,447
4	Central Midlands	717,385	10.00%	123,420	34,255	1,075	10,955	8,770	28,977
5	Lower Savannah	317,080	10.00%	70,910	24,150	200	10,210	6,175	35,959
6	Santee-Lynches	223,105	10.00%	46,620	17,925	120	5,730	4,200	24,091
7	Pee Dee	345,090	10.00%	70,725	25,790	135	10,130	6,025	36,191
8	Waccamaw	370,910	10.00%	95,865	15,800	655	9,700	6,755	29,302
9	Trident	682,905	10.00%	120,895	34,165	990	11,300	7,725	26,333
10	Lowcountry	250,055	10.00%	66,260	13,855	505	5,085	3,925	22,110
Total	South Carolina	4,679,600	100.00%	955,910	227,625	6,910	100,010	68,965	334,796

Count of Formula Factors by PSA, FFY 2016

Geographic Region		Formula Factors								Overall Prop
PSA	Name	TotPop	Base	60+	60+M	60+EP	60+Pov	60+Dis	60+ Rural	
1	Appalachia	25.31%	10.00%	24.92%	15.33%	38.86%	23.96%	24.28%	21.77%	17.93%
2	Upper Savannah	4.66%	10.00%	5.24%	5.49%	3.98%	5.51%	5.72%	9.41%	7.21%
3	Catawba	7.91%	10.00%	7.63%	6.28%	3.91%	7.44%	6.82%	8.20%	8.07%
4	Central Midlands	15.33%	10.00%	12.91%	15.05%	15.56%	10.96%	12.72%	8.66%	11.90%
5	Lower Savannah	6.78%	10.00%	7.42%	10.61%	2.89%	10.21%	8.95%	10.74%	9.40%
6	Santee-Lynches	4.77%	10.00%	4.88%	7.87%	1.74%	5.73%	6.09%	7.20%	7.47%
7	Pee Dee	7.37%	10.00%	7.40%	11.33%	1.95%	10.13%	8.74%	10.81%	9.49%
8	Waccamaw	7.93%	10.00%	10.03%	6.94%	9.48%	9.70%	9.79%	8.75%	9.33%
9	Trident	14.59%	10.00%	12.65%	15.01%	14.33%	11.30%	11.20%	7.87%	11.66%
10	Lowcountry	5.34%	10.00%	6.93%	6.09%	7.31%	5.09%	5.69%	6.60%	7.54%
Total South Carolina		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
FY 2017 Factor Weight		0.00%	35.00%	20.00%	18.00%	2.00%	10.00%	10.00%	5.00%	100.00%

Proportions for Formula Factors by PSA, FFY 2016

Demonstration of the allocation of funds through the Intrastate Funding Formula (IFF)

Fund Description	Title III-B I & A Service Salaries (AAA)	Title III-B Supportive Services	Title III-B Legal Services	Title III-C-1 Congregate Dining	Title III-C-2 Home Delivered Meals	Title III-D Evidence Based	Title III-E Family Caregiver Service Salaries	Title III-E Family Caregiver Support Service
Appalachia	97,837.60	841,403.30	39,135.04	419,404.92	629,502.10	47,028.14	112,437.22	218,260.47
Upper Savannah	39,342.39	338,344.55	15,736.96	168,650.83	253,134.97	18,910.92	45,213.18	87,766.77
Catawba	44,035.10	391,912.41	4,403.51	188,767.30	283,328.60	21,166.59	50,606.15	98,235.48
Central Midlands	64,934.04	577,912.98	6,493.40	278,355.74	417,795.59	31,212.20	74,623.70	144,857.77
Lower Savannah	51,292.44	456,502.68	5,129.24	219,877.64	330,023.40	24,655.02	58,946.45	114,425.46
Santee-Lynches	40,761.12	362,773.94	4,076.11	174,732.55	262,263.28	19,592.87	46,843.62	90,931.72
Pee Dee	51,783.53	460,873.46	5,178.35	221,982.86	333,183.20	24,891.07	59,510.83	115,521.03
Waccamaw	50,910.47	453,103.19	5,091.05	218,240.26	327,565.78	24,471.41	58,507.49	113,573.36
Trident	63,624.45	566,257.58	6,362.44	272,741.84	409,369.46	30,582.71	73,118.68	141,936.27
Lowcountry	41,143.08	366,173.43	4,114.31	176,369.94	264,720.90	19,776.47	47,282.58	91,783.83
State Total	545,664.22	4,815,257.52	95,720.41	2,339,123.88	3,510,887.28	262,287.40	627,089.90	1,217,292.16

Demonstration of the Allocation of Funds by PSA, FFY 2015

Data Sources for Funding Formula:

2009-2013 American Community Survey, Special Tabulation on Aging – Population Characteristics / prepared by the U.S. Census Bureau, 2015. South Carolina 2009-2013
<http://www.agid.acl.gov/DataFiles/ACS2013/?stateabbr=SC>

Table S21001 - Total Population

Universe: Total population

Table S21003 – Age

Universe: Total population

Table S21007B - Hispanic or Latino and Race for the Population 60 Years and Over

Universe: Population 60 years and over

Table S21014B - Ability to Speak English for the Population 60 Years and Over

Universe: Population 60 years and over

Table S21055 - Poverty Status in the Past 12 Months for Individuals 60 Years and Over

Universe: Population 60 years and over for whom poverty status is determined

Table S210DIS09 - Age by Number of Disabilities

Universe: Civilian noninstitutionalized population

Table S21040 - Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined (for reference only)

Universe: Population 60 years and over for whom poverty status is determined

The estimate for this variable is deemed to be unreliable, due to the need to add six (6) separate estimates together, in order to arrive at an estimate for a variable that encompasses (a) 60 + years of age, (b) below poverty, and (c) minority status. In many cases, the estimates are very small, and in other cases, the standard errors are quite large in comparison to the estimates.

Rural Census (for reference and historical use only)

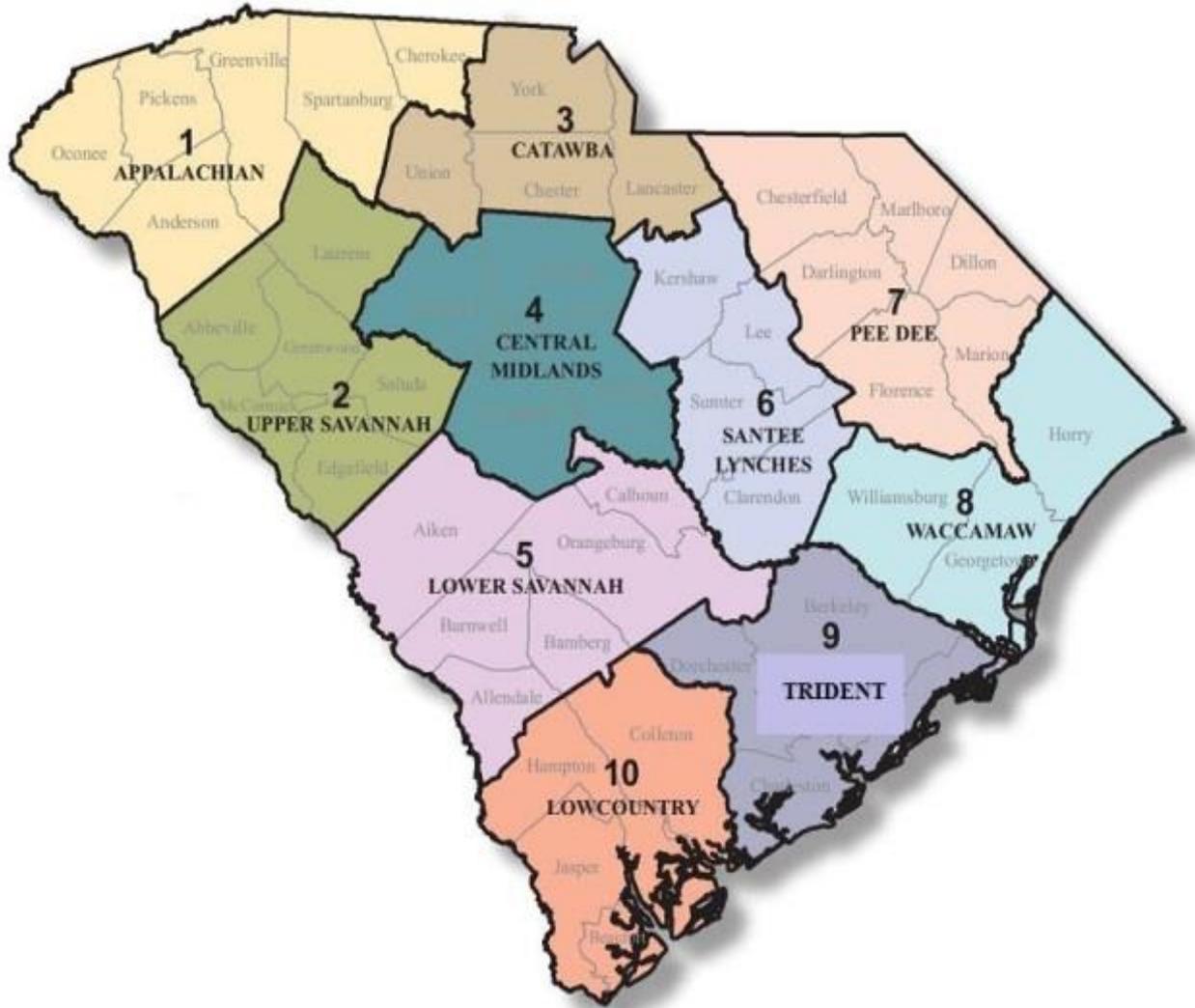
2010 Percent Urban and Rural by County

https://www.census.gov/geo/reference/ua/ualists_layout.html

Retrieved: 2016.02.12

Appendix D: South Carolina Planning Service Areas

Map of Planning and Service Regions



10 Area Agencies on Aging and Locally Contracted Service Providers

Appalachia (Region I.) Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg Counties	
Organizations	Contact
Appalachia AAA	Mr. Tim Womack, Director Post Office Drawer 6668 Greenville, SC 29606
Pickens County Meals on Wheels	Ms. Meta Bowers, Director Post Office 184 Easley, SC 29671
Senior Action, Inc.	Ms. Andrea Smith, Director 50 Director's Drive Greenville, SC 29615
Senior Centers of Cherokee County, Inc.	Ms. Amy Turner, Director 499 W. Rutledge Avenue Gaffney, SC 29341
Spartanburg Council on Aging	Jane Ovenden, Director 101 East Wood Street Spartanburg, SC 29303
Senior Solutions	Mr. Doug Wright, Director 3420 Clemson Boulevard Anderson, SC 29621

Upper Savannah (Region II.) Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda Counties	
Organization	Contact
Upper Savannah AAA	Ms. Vanessa Wideman, Director Post Office Box 1366 Greenwood, SC 29648
Edgefield Senior Citizens Council	Mr. Larry D. Bowe, Director 15 Center Spring Road Edgefield, SC 29824
Health Related Personnel	Mr. Bryce Rhodes, Director 1157 Spring Street Greenwood, SC 29646
McCormick County Senior Center, Inc.	Ms. Becky Powell-McDade, Director Post Office Box 684 McCormick, SC 29835
Piedmont Agency on Aging	Ms. Kathy Hendricks-Dublin, Director Post Office Box 997 Greenwood, SC 29648-0997
Saluda County Council on Aging	Mr. Larry D. Bowe, Director Post Office Box 507 Saluda, SC 29138

Catawba (Region III.) Chester, Lancaster, York, and Union Counties	
Organizations	Contacts
Catawba Area Agency on Aging	Ms. Barbara Robinson, Director Post Office Box 4618 Rock Hill, SC 29732
Lancaster County Council on Aging	Ms. Sally Sherrin, Director Post Office Box 1296 Lancaster, SC 29721
Senior Services Inc. of Chester County	Ms. Wendy Duda, Director Post Office Box 11519 Rock Hill, SC 29730
Union County Council on Aging	Mr. E. Earl Black, Director Post Office Box 519 Union, SC 29379
York County Council on Aging	Ms. Wendy Duda, Director Post Office Box 11519 Rock Hill, SC 29730

Central Midlands (Region IV.) Fairfield, Lexington, Newberry, and Richland Counties	
Organizations	Contacts
Central Midlands AAA	Ms. Cindy Curtis, Aging Unit Director 236 Stoneridge Drive Columbia, SC 29210
Addus Healthcare, Inc.	Ms. Diane Kumarich, Vice President 2401 S. Plum Grove Road Palatine, IL 60067
Corporate Care, LLC	Ms. Carolyn Cooley, Vice President 5111 North Main Street Columbia, SC 29203
Fairfield County Council on Aging	Ms. Angi Conner, Director 210 E. Washington Street Winnsboro, SC 29180
Lexington County Recreation & Aging Commission	Ms. Lynda Christison, Aging Director 125 Parker Street Lexington, SC 29072
Newberry County Council on Aging	Ms. Lynn Stockman, Director 1300 Hunt Street Newberry, SC 29108
Senior Resources	Ms. Pamela Dukes, Director 2817 Millwood Avenue Columbia, SC 29205
Traditions Elder Day Care, LLC	Mr. Frank Wiley, Executive Director 1500 Woodrow Street Columbia, SC 29205

Lower Savannah (Region V.) Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg Counties	
Organizations	Contacts
Lower Savannah AAA	Ms. Mary Beth Fields, Director Post Office Box 850 Aiken, SC 29802
Aiken Area Council on Aging	Mr. Scott K. Murphy, Director Post Office Box 3156 Aiken, SC 29802
Allendale County Office on Aging	Mr. Bill Goodson, Director Post Office Box 602 Allendale, SC 29810
Bamberg County Office on Aging	Ms. Kay Clary, Director Post Office Box 6 Bamberg, SC 29003
Calhoun County Council on Aging	Ms. Jenny Swofford, Director Post Office Box 212 St. Matthews, SC 29135
Generations Unlimited	Ms. Lisa Firmender, Director Post Office Box 1149 Barnwell, SC 29812
Help at Home	Ms. Vanessa Adams, Manager 108 Laurens Street, NW Aiken, SC 29801
Orangeburg County Council on Aging	Ms. Sheryl Jeffcoat, Director Post Office Box 1301 Orangeburg, SC 29116

Santee Lynches (Region VI.) Clarendon, Kershaw, Lee, and Sumter Counties	
Organizations	Contacts
Santee-Lynches AAA	Ms. Connie Munn, Director Post Office Box 1837 Sumter, SC 29151
Clarendon County Council on Aging	Mr. Tom Mahoney, Office Manager Post Office Box 522 Manning, SC 29102
Kershaw County Council on Aging	Mr. Bruce Little, Director 906 Lyttleton Street Camden, SC 29020
Lee County Council on Aging	Ms. Gloria Scott, Executive Director Post Office Box 343 Bishopville, SC 29010
Sumter Senior Services	Ms. Shirley Baker, Director Post Office Box 832 Sumter, SC 29151

Pee Dee (Region VII.) Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties	
Organizations	Contacts
Vantage Point - Pee Dee AAA	Ms. Shelia Welch, Director Post Office Box 999 Hartsville, SC 29551
Chesterfield County Council on Aging	Ms. Donna Rivers, Director Post Office Box 45 Chesterfield, SC 29709
Darlington County Council for the Aging	Ms. Jackie G. Anderson, Director 402 Pearl Street Darlington, SC 29532
Dillon County Council on Aging	Ms. Joni Spivey, Director Post Office Box 1473 Dillon, SC 29536
Marion County Council on Aging	Ms. Lisa Brewer, Director Post Office Box 728 Marion, SC 29571
Marlboro County Council on Aging	Ms. Lisa Perkins Director Post Office Box 1195 Bennettsville, SC 29512
Senior Citizens Association of Florence County	Ms. Linda Mitchell Johnson, Director Post Office Box 12207 Florence, SC 29504

Waccamaw (Region VIII.) Georgetown, Horry, and Williamsburg Counties	
Organizations	Contacts
Waccamaw AAA	Ms. Kimberly Harmon, Director 1230 Highmarket Street Georgetown, SC 29440
Georgetown County Bureau of Aging Services	Ms. Jacqueline Elliott, Director 2104 Lincoln Street Georgetown, SC 29440-2669
Horry County Council on Aging	Mr. Ray Fontaine, Director Post Office Box 1693 Conway, SC 29526
Vital Aging	Mr. Robert Welch, Director Post Office Box 450 Kingstree, SC 29556

Trident (Region IX.) Berkeley, Charleston, and Dorchester Counties	
Organizations	Contacts
Trident AAA	Ms. Stephanie Blunt, Director 4450 Leeds Place West, Suite B North Charleston, SC 29405
Berkeley Senior's, Inc.	Ms. Tonya Sweatman, Director 103 Gulledge Street Moncks Corner, SC 29461
Charleston Area Senior Citizens, Inc.	Ms. Sandy Clair, Director 259 Meeting Street Charleston, SC 29401
Dorchester Human Development Board	Ms. Jean Ott, Director 312 North Laurel Street Summerville, SC 29483
Roper St. Francis Foundation	Ms. Ashley Redmond, Director 125 Doughty Street Charleston, SC 29401
South Santee Community Center	Ms. Sheila Powell, Director 710 S. Santee Road McClellanville, SC 29458

Lowcountry (Region X.) Beaufort, Colleton, Hampton, and Jasper Counties	
Organizations	Contacts
Lowcountry AAA	Mr. Hank Amundson, Director Post Office Box 98 Yemassee, SC 29945
Colleton County Council on Aging	Ms. Everlena Brown, Director 39 Senior Avenue Walterboro, SC 29488
Hampton County Council on Aging	Ms. Tammy B. Washington, Director 108 West Pine Street Hampton, SC 29924-2309
Jasper County Council on Aging	Ms. Kathy Hightower, Director Post Office Box 641 Ridgeland, SC 29936
Senior Services of Beaufort	Ms. Patricia Jenkins, Director Post Office Box 1776 Beaufort, SC 29902
SC Centers for Equal Justice	Mr. Hugh Davis 69 Robert Smalls Parkway Beaufort, SC 29906
Mr. Darrell Thomas Johnson, Jr. Attorney at Law	Post Office Box 1125 Hardeeville, SC 29927

Appendix E: South Carolina Senior Centers and Group Dining Sites

Region	Region_Number	Site_Name	City
Appalachian	1	Belton Community Center	Belton
Appalachian	1	Blacksburg Senior Center	Blacksburg
Appalachian	1	Brutontown Community Center	Greenville
Appalachian	1	David Hellams Community Center	Greenville
Appalachian	1	Fountain Inn Activity Center	Fountain Inn
Appalachian	1	Freetown Community Center	Greenville
Appalachian	1	Gaffney Senior Center	Gaffney
Appalachian	1	Honea Path Activity Site	Honea Path
Appalachian	1	Jim Ed Rice Center	Anderson
Appalachian	1	Jo Brown Senior Activity Center	Anderson
Appalachian	1	Market Place Cinema Senior Center	Anderson
Appalachian	1	Mauldin Senior Center	Greenville
Appalachian	1	McKissick Center for Senior Wellness	Liberty
Appalachian	1	Mt. Pleasant Community Center	Greenville
Appalachian	1	Needmore-Greer Center	Greer
Appalachian	1	Northwest Life and Wellness Center	Spartanburg
Appalachian	1	Oconee Senior Center	Seneca
Appalachian	1	Orchard Park Senior Center	Greenville
Appalachian	1	Pacolet Senior Center	Pacolet
Appalachian	1	Pendleton Activity Site	Pendleton
Appalachian	1	Pickens Senior Center	Pickens
Appalachian	1	Pleasant Valley Connection	Greenville
Appalachian	1	Simpsonville Activity and Senior Center	Simpsonville
Appalachian	1	Slater-Marietta Community Center	Marietta
Appalachian	1	Sterling Community Center	Greenville
Appalachian	1	Timken Community Center	Cowpens
Appalachian	1	VSP Club of Senior Centers	Chesnee
Appalachian	1	Westside Aquatic Center	Greenville
Appalachian	1	Williamston Community Center	Williamston
Appalachian	1	Woodruff Leisure Center Senior Club	Woodruff
Upper Savannah	2	Bettis Nutrition Site	Trenton
Upper Savannah	2	Del Mar Nutrition Site	Leesville
Upper Savannah	2	Edgefield County Senior Citizens Council (ECSCC)	Edgefield
Upper Savannah	2	McCormick County Senior Center	McCormick
Upper Savannah	2	Ninety Six Senior Center	Ninety Six
Upper Savannah	2	Piedmont Senior Center - Abbeville	Abbeville
Upper Savannah	2	Piedmont Senior Center - Greenwood	Greenwood
Upper Savannah	2	Piedmont Senior Center - Laurens	Clinton

Upper Savannah	2	Saluda County Senior Center	Saluda
Catawba	3	AJ Nutrition Site	Kershaw
Catawba	3	Buffalo Nutrition Site	Buffalo
Catawba	3	Chester Senior Center	Chester
Catawba	3	Clover Senior Center	Clover
Catawba	3	Edgemoor Senior Center	Edgemoor
Catawba	3	Fort Mill Senior Center	Fort Mill
Catawba	3	Great Falls Nutrition Site	Great Falls
Catawba	3	Heath Springs Senior Center	Heath Springs
Catawba	3	Highland Park Senior Center	Rock Hill
Catawba	3	Indian Land Senior Center	Fort Mill
Catawba	3	Jonesville Nutrition Site	Jonesville
Catawba	3	Prime Times Senior Center	Lancaster
Catawba	3	Union County Council on Aging	Union
Catawba	3	York Senior Center	York
Catawba	3	Catawba Tribe Senior Center	Catawba Tribe
Central Midlands	4	Antioch Senior Center	Columbia
Central Midlands	4	Baker Senior Center; NCCOA	Whitmire
Central Midlands	4	Batesburg-Leesville Senior Center	Batesburg
Central Midlands	4	Bishop Avenue Wellness Center	Columbia
Central Midlands	4	Blythewood Wellness Center	Blythewood
Central Midlands	4	Crooked Creek Park	Chapin
Central Midlands	4	Dave C. Waldrop, Jr. Senior Center; NCCOA	Newberry
Central Midlands	4	Dream Keepers Senior Center	Columbia
Central Midlands	4	Eastover Wellness Center/Mamie Hinton Center	Eastover
Central Midlands	4	Gilbert-Summit Senior Center (And Gym)	Gilbert
Central Midlands	4	Hopkins Wellness Center	Hopkins
Central Midlands	4	Lexington Senior Center	Lexington
Central Midlands	4	Little Mountain Senior Center	Little Mountain
Central Midlands	4	Pelion Senior Center	Pelion
Central	4	Pine Ridge Senior Center	West Columbia

Midlands			
Central Midlands	4	Senator Isadore E. Lourie Center	Columbia
Central Midlands	4	Seven Oaks Park	Columbia
Central Midlands	4	Shepherd's Center of Columbia	Columbia
Central Midlands	4	Swansea Senior Center	Swansea
Central Midlands	4	Tri City Senior Center	West Columbia
Central Midlands	4	Winnsboro Senior Center	Winnsboro
Lower Savannah	5	Aiken Area Council on Aging (AACOA), Main Office	Aiken
Lower Savannah	5	Allendale County Office on Aging	Fairfax
Lower Savannah	5	Blackville Senior Center	Blackville
Lower Savannah	5	Bowman Meal Site	Bowman
Lower Savannah	5	Branchville Meal Site	Orangeburg
Lower Savannah	5	Calhoun County Council on Aging	Saint Matthews
Lower Savannah	5	Gail Reyes Senior Center	Barnwell
Lower Savannah	5	Gloverville Meal Site	Gloverville
Lower Savannah	5	North Meal Site	North
Lower Savannah	5	Orangeburg County Council on Aging	Orangeburg
Lower Savannah	5	Rhoad's Senior Center	Bamberg
Lower Savannah	5	Roland Smith Senior Center	Jackson
Lower Savannah	5	Springfield Meal Site	Springfield
Lower Savannah	5	Vance Nutrition Site	Vance
Lower Savannah	5	Wagener Senior Center	Wagener
Santee Lynches	6	Bethune Nutrition Site	Bethune
Santee Lynches	6	Bishopville Senior Center	Bishopville
Santee Lynches	6	Camden Senior Center	Camden
Santee Lynches	6	Delaine Community Center	Wedgefield
Santee Lynches	6	Ebenezer Church Nutritional Site	Bishopville
Santee Lynches	6	Manning Senior Center	Manning
Santee Lynches	6	Mayesville Community Center	Mayesville
Santee Lynches	6	Paxville Community Nutritional Site	Paxville
Santee Lynches	6	Rembert Rafting Creek	Rembert
Santee Lynches	6	Shiloh Randolph Manor Senior Housing Nutrition Site	Sumter
Santee Lynches	6	Shiloh St. John Center	Lynchburg
Santee Lynches	6	Summerton Senior Center	Summerton
Santee Lynches	6	Sumter Senior Services Activity Center	Sumter
Pee Dee	7	Britton's Neck Nutrition Site	Britton's Neck

Pee Dee	7	Chesterfield Nutrition/Activity Center	Chesterfield
Pee Dee	7	Darlington Senior Center	Darlington
Pee Dee	7	Dillon County Council for the Aging	Dillon
Pee Dee	7	Gibbs Community Center	Pamplico
Pee Dee	7	Hartsville Senior Center	Hartsville
Pee Dee	7	Johnsonville Community Center	Johnsonville
Pee Dee	7	Lake City Senior Center	Lake City
Pee Dee	7	Lamar Nutrition Site	Lamar
Pee Dee	7	Leatherman Senior Center	Florence
Pee Dee	7	Marion County Council on Aging	Marion
Pee Dee	7	Marlboro County Council on Aging	Bennettsville
Pee Dee	7	Mullins Nutrition Site	Mullins
Pee Dee	7	Olanta Site/American Legion Building	Florence
Pee Dee	7	Pageland Nutrition/Activity Center	Pageland
Pee Dee	7	Society Hill Nutrition Site	Society Hill
Pee Dee	7	Timmonsville Nutrition Site	Timmonsville
Waccamaw	8	Andrews Senior Center	Andrews
Waccamaw	8	Aynor Senior Center	Aynor
Waccamaw	8	Bucksport Senior Center	Conway
Waccamaw	8	Burgess Senior Center	Myrtle Beach
Waccamaw	8	Carolina Forest Senior Center	Myrtle Beach
Waccamaw	8	Conway Senior Center	Conway
Waccamaw	8	Georgetown Senior Center	Georgetown
Waccamaw	8	Grand Strand Senior Center	Myrtle Beach
Waccamaw	8	Greeleyville Wellness Center	Greeleyville
Waccamaw	8	Green Sea/Floyds Senior Center	Nichols
Waccamaw	8	Hemingway Wellness Center	Hemingway
Waccamaw	8	Kingstree Wellness Center	Kingstree
Waccamaw	8	Loris Senior Center	Loris
Waccamaw	8	North Santee Senior Center	Georgetown
Waccamaw	8	North Strand Senior Center	Longs
Waccamaw	8	Plantersville Senior Center	Georgetown
Waccamaw	8	Saint Luke Senior Center	Georgetown
Waccamaw	8	South Strand Senior Center	Surfside Beach
Waccamaw	8	Waccamaw Senior Center	Pawleys Island
Trident	9	Awendaw Senior Center	Awendaw
Trident	9	Charleston Area Senior Citizens Center	Charleston
Trident	9	David Sojourner Senior Center	Saint George
Trident	9	Edisto Island Senior Center	Edisto Island
Trident	9	Faith Sellers Senior Center	Summerville
Trident	9	Hanahan Senior Center	Hanahan
Trident	9	Lowcountry Senior Center	Charleston
Trident	9	Moncks Corner Senior Center	Moncks Corner

Trident	9	Mount Pleasant Senior Center	Mount Pleasant
Trident	9	Saint Stephen Senior Center	Saint Stephen
Trident	9	South Berkeley Senior Center	Goose Creek
Trident	9	South Santee Senior & Community Center	McClellanville
Trident	9	Wadmalaw Island Senior Center	Wadmalaw Island
Lowcountry	10	Bluffton Senior Center	Bluffton
Lowcountry	10	Burton Wells Senior Center	Beaufort
Lowcountry	10	Coosawhatchie Senior Center	Ridgeland
Lowcountry	10	Estill Senior Center, HCCOA	Estill
Lowcountry	10	Greenpond Senior Center	Greenpond
Lowcountry	10	Hampton Senior Center, HCCOA	Hampton
Lowcountry	10	Hardeeville Senior Center, JCCOA	Hardeeville
Lowcountry	10	Ridgeland Senior Center, JCCOA	Ridgeland
Lowcountry	10	Robertville Senior Center, JCCOA	Garnett
Lowcountry	10	Saint Helena Senior Center	Saint Helena
Lowcountry	10	Walterboro Senior Center	Walterboro
Lowcountry	10	Yemassee Senior Center, HCCOA	Yemassee

Sites Awarded Senior Center Permanent Improvement Funds Since 2012

AAA Region	Name	Location
1	Pickens Meals on Wheels	Pickens
1	City of Fountain Inn	Greenville
1	Senior Citizens of Pickens	Pickens
1	Senior Solutions	Oconee
1	Town of Pacolet	Pacolet
1	Senior. Citizens of Pickens	Pickens
2	Edgefield Senior Center	Edgefield
3	Catawba Indian Nation	Rock Hill
3	Union Senior Center	Union
4	Midlands Community Development Corporation	Columbia
4	Irmo/Chapin Recreation Commission	Irmo
4	Lourie Center	Columbia
4	Pine Ridge	Lexington
6	Sumter Senior. Services	Sumter
7	Marion Council on Aging	Marion
7	Leatherman Center	Florence
8	Hopewell Senior Center	Salters
9	Town of Mt. Pleasant	Mt. Pleasant
9	St. James Santee (Awendaw)	Awendaw
9	City of North Charleston	North Charleston
10	Walterboro Senior Center	Walterboro

Appendix F: Aging Programs

Lieutenant Governor's Office on Aging's Programs

The Older Americans Act (OAA) and the Administration for Community Living (ACL) guide the Lieutenant Governor's Office on Aging's (LGOA's) coordination of programs and services in South Carolina. While the majority of the programs are federally funded, others are funded via grants or through the State of South Carolina.

Emergency Management Coordination

The Lieutenant Governor's Office on Aging (LGOA) proactively prepares for emergencies, and coordinates with the Area Agencies on Aging (AAAs) to ensure that regional policies are in place and evaluated annually, or as necessary, to ensure the safety of older adults and persons with disabilities before, during, and after an emergency situation.

The LGOA's emergency planning process begins with an external risk assessment focused on various human-made (i.e., bioterrorism) and natural (i.e., hurricanes, pandemic, or influenza) disasters, which identifies concerns for the community, our customers, and workforce.

The LGOA has a staff member who coordinates emergency preparedness and response for the agency. In addition, other staff members have assigned roles during declared emergencies.

The 2015 flood emergency, which affected every region of the state, demonstrated the need for ongoing emergency management planning and coordination. Working with the AAAs, the South Carolina Emergency Management Division (SCEMD), and other aging network partners, the LGOA held several "lessons learned" exercises and used the best practices gathered to update policies and protocols.

As mandated by the Older Americans Act, Presidential Policy Directive 8 National Preparedness (PPD:8), and an Executive Order issued by the Governor, the LGOA plays a very active role in coordinating emergency management planning in the State of South Carolina. The main goal of the LGOA's strategic development planning process is to provide the AAAs and their contracted providers the tools, guidance, knowledge, and opportunities to address emergency coordination regionally through collaborations with relevant organizations, resulting in the AAAs becoming more involved in community planning.

The South Carolina Aging Network's Policies and Procedures Manual stipulates the roles that the LGOA, AAAs, and providers have in emergency planning and coordination during actual emergency events. Each AAA addresses the stipulations in their regional emergency plans.

Through its strategic planning, the LGOA is active in promoting, bringing awareness to, and supporting emergency management related issues within the AAA regions by reaching out to prospective agencies and organizations that the AAAs would benefit from establishing partnerships. Each AAA is required to establish a working relationship with county emergency management governmental organizations, and non-profit entities such as the Red Cross and Salvation Army to aid in emergency coordination.

Emergency Management Coordination

The South Carolina Emergency Management Division (SCEMD) is the lead organization in South Carolina for disaster preparedness and response. SCEMD develops and implements South Carolina's Emergency Operations Plan (SEOP). This plan designates which agencies will take the lead in implementing the Essential Support Functions (ESF) that are a part of every state's emergency operations plan. In the SEOP, the LGOA supports (ESF) 6 (Mass Care)

Before a disaster or emergency, SCEMD activates Operational Control (OPCON) levels. During a disaster or emergency, the SCEMD opens and operates the State Emergency Operations Center (SEOC). While in operation, the is assigned to the Emergency Support Function ESF-6, which is staffed 24 hours a day until the emergency is over. LGOA staff is assigned 12-hour shifts at the SEOC.

Local Coordination

The LGOA works closely with the AAAs to plan for the continuity of services during an emergency at the local level. Each AAA has developed a disaster plan for their area, to be used when the situation warrants. Disaster plans are unique to each planning and service area.

The LGOA works directly with the AAAs to ensure the programmatic integrity of the logistics for emergency functions in the state and regions, in order to guide the AAAs in their responsibility of providing safety and security for targeted populations in the event of an emergency. Through its emergency management coordination initiative and with the guidance and direction of the SCEMD, the LGOA has established a uniform disaster preparedness plan for all the AAAs based on FEMA's Comprehensive Preparedness Guide.

The LGOA emergency preparedness and coordination staff works directly with the AAAs to ensure that each planning and service area has a working emergency preparedness plan. In addition, the LGOA requires each AAA to submit components of their emergency preparedness plans in the Area Plans, and each AAA must submit emergency management coordination updates in their Annual Area Plan Updates. In addition, local providers are required to have an emergency plan that is monitored by their respective AAA.

Regional planning focuses on the sustainability of operations during a disaster, as well as protection of data. While the goal of planning is to address the critical needs of the older population during a disaster, proper planning is crucial to the AAAs and their providers resuming critical business operations as soon as possible after a disaster.

The AAAs' primary focus for emergency preparedness is:

- Maintain and update regional emergency plans.
- Offer emergency planning and training in conjunction with emergency management officials, relief organizations, and other important partners to plan for the needs of older adults and people with disabilities during a disaster.
- Establish a process for identifying high-risk clients and coordinate with local emergency management officials to ensure their safety.
- Ensure each service provider has a current and comprehensive emergency preparedness plan addressing various emergencies.

- Have meal contractors stock three day supplies of shelf-stable meal supplies for meal recipients during emergencies.
- Provide information, advocacy, communication, and outreach in the event of a disaster.
- Help older adults to be prepared for natural and man-made disasters by providing educational opportunities at senior centers for citizens and staff.

Veteran Directed Home and Community Based Services (VDHCBS)

The Veteran Directed Home and Community Based Services (VDHCBS) Program is offered as a partnership with the Veterans' Health Administration (VHA) to serve Veterans of all ages at risk of nursing home placement.

The LGOA's, ACL's, and VHA's long-range national vision is to have a long-term services and supports system that is person-centered, consumer-directed and helps people at risk of institutionalization to continue to live at home and be engaged in community life. The VHA will increase access to HCBS to serve the growing demand of Veterans who desire home care and prefer independence at home instead of living in a nursing facility. The VD-HCBS program provides Veterans the opportunity to self-direct their long-term supports and services and continue to live independently at home.

The LGOA collaborates with the Dorn Veterans Affairs Medical Center and the Santee Lynches AAA to provide this self-directed care service regionally to aid those Veterans wishing to remain in their homes.

Information and Referral/Assistance (I &R/ A); SC Access

Information and Referral/ Assistance (I&R/A) Specialists provide personal assistance in a "one stop shop" environment that enables older adults, people with disabilities, and their caregivers to access the services they need to live as independently as possible. I&R/A Specialists are trained and certified according to national standards (AIRS) in interviewing and screening techniques and referral skills. SC Access is a comprehensive, web-based service directory utilized by the I&R/A Specialists but is also available to the public. SC Access is comprised of several sections to include a service directory. In addition to the public resource database, SC Access has a protected Client Intake/Case Management Module (On Line Support Assistant – OLSA) used by the I&R/A Specialists and ADRC staff to track clients and provide case management to those who contact them for assistance.

SC ACCESS

SC Access is an online guide to available resources for older adults, people with disabilities, their family members, and caregivers in South Carolina. The goal of SC Access is to provide useful information.

State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Programs (SHIPs) provide free, in-depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. SHIPs are grant-funded projects of the United States Department of Health and Human Services (USDHHS) and the United States Administration for Community Living (ACL).

Senior Medicare Patrol (SMP)

Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Healthy Connections Prime Ombudsman Program

The Healthy Connections Prime Ombudsman Program is an independent program that helps individuals, their significant others, and representatives address concerns or conflicts that may interfere with their enrollment in Healthy Connections Prime or their access to Healthy Connections Prime benefits and services. The South Carolina Department of Health and Human Services (SCDHHS) contracts with the LGOA to implement Options Counseling for those individuals who are eligible for the Money Follows the Person (MFP) program.

ElderCare Trust

In 1992, the South Carolina ElderCare Trust Fund was established by legislation to enable taxpayers to make voluntary contributions through a check-off on state income tax forms or through direct contributions. All contributions must be used to award seed grants to non-profit organizations to establish and administer innovative programs to help older adults to remain in their communities.

Geriatric Loan Forgiveness

Legislation allows up to \$35,000 per year of fellowship training from an accredited geriatric fellowship program, in exchange for establishing and maintaining a geriatric practice in South Carolina for five years.

Emergency Rental Assistance

The South Carolina Lieutenant Governor's Office on Aging (LGOA) manages a grant from the South Carolina Housing & Finance Development Authority, which provides emergency rental assistance to low-income seniors age 55 and older.

Nursing Home Bed Locator

This online tool assists individuals in finding available long-term care beds in South Carolina. This is a partnership between the LGOA and the South Carolina Department of Health and Human Services. The information is kept up to date; however, it does not guarantee anyone a bed. There are many factors regarding placement and the actual process requires in-depth conversations with the facility. This service is part of a continuum of services to our targeted population.

Senior Pet Initiative

The LGOA has established a senior pet initiative (called Boots' Tail-wagging Buddies), which assists seniors who have companion pets. The LGOA has established partnerships with food providers, the South Carolina Veterinarian Association, the AAAs, local service providers, and volunteer organizations to provide pet food and services.

Food Bank Partnerships

The LGOA has established a partnership with the Harvest Hope Food Bank in Columbia to provide food items and excess fresh produce to seniors with hunger insecurities. The Harvest Hope Food Bank serves 22 counties and will work with the local service providers and AAAs to distribute the food items at group dining sites and senior centers. The Catawba AAA has a

similar program through a food bank in Charlotte, and the Lowcountry Food Bank in Charleston assists seniors.

Family Caregiver Support Program

South Carolina's Family Caregiver Support Program is modeled on consumer direction. Each AAA has a full time Family Caregiver Advocate who works directly with family caregivers. Eligible caregivers may also obtain a voucher or budget to purchase services from the provider of their choice. The family caregiver funds come from federal and state sources.

Alzheimer's Resource Coordination Center

The Alzheimer's Resource Coordination Center (ARCC) provides statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families and caregivers. Legislation directs the center to:

- initiate the development of systems which coordinate the delivery of programs and services;
- facilitate the coordination and integration of research, program development, planning and quality assurance;
- identify potential users of services and gaps in the service delivery system and expand methods and resources to enhance statewide services;
- serve as a resource for education, research and training and provide information and referral services;
- provide technical assistance for the development of support groups and other local initiatives to serve individuals, families and caregivers; and
- recommend public policy concerning Alzheimer's disease and related disorders to state policymakers.

The funds are used for dementia-specific education or respite grants. They may be used to develop or expand (1) respite care programs that are dementia specific, including in-home, overnight, adult day services or social model group respite to support caregivers and promote a higher quality of life for the person with Alzheimer's disease and related disorders (ADRD), and the family or (2) to provide new or expanded educational programs for families and caregivers of persons with dementia and community service providers.

Building Long-Term Sustainability in State Lifespan Respite Programs in SC

The LGOA has one current Lifespan Respite grant programs. The Lifespan Respite program expands awareness about respite and makes significant strides toward improving access to quality, affordable respite across ages and disabilities, especially for previously unserved or underserved populations. The LGOA, in partnership with the South Carolina Respite Coalition, Family Connection of South Carolina and key stakeholders will, over the course of this three-year grant project, build on achievements of its previous Lifespan Respite grants to further implement and update South Carolina's Lifespan Respite State Plan. The goal is to expand respite and improve access to quality services for family caregivers across all ages and special needs. The program seeks to integrate respite services into SC's long-term services and supports (LTSS) as part of a coordinated and sustainable lifespan respite system. Proposed objectives are: (1) enhance respite services at all levels by increasing outreach, broadening stakeholder engagement, re-evaluating and updating the State Plan through state/regional advisory committees to realize sustainability of the lifespan program; (2) build networks to recruit/train respite providers, working through the Regional Advisory Councils and organizations, including faith communities; (3) initiate respite recruitment/training through

Institutions of Higher Education by working with the Long Term Care Task Force Workforce subcommittee; (4) fill gaps, increase availability of respite by expanding vouchers across the lifespan, sustain and increase coordination with other voucher programs; and (5) sustain efforts and further integrate respite into LTSS working with Medicaid's 1915i waivers, Money Follows the Person, dual eligible demonstration, and SC Coordinated System of Care for Children.

Evidence-Based Prevention and Wellness Programs

In the past, the LGOA received funding from ACL to introduce and expand evidence-based health promotion and disease prevention programs (EBP) in South Carolina. Although no discretionary grants are currently in place, LGOA staff works with the AAA directors to utilize Title III-D funding for evidence-based programming in their respective regions.

Transportation Services

The overarching goal for the LGOA is to provide a coordinated public transportation system to meet the needs of South Carolina's older citizens. In 2014, the LGOA established a Point-to-Point transportation system in South Carolina. The intent of the Point-to-Point system was to establish accountability and transparency, and sound business practices, while also continuing to serve the transportation needs of an older population.

Transportation consistently ranks among the top priority need for seniors in South Carolina. The state lacks a coordinated and affordable transportation system that meets the needs of its population. The inability of seniors to get where they need to go can quickly lead to poor nutrition, diminished mental and physical health, and a general isolation from their community. The LGOA has worked with the South Carolina Department of Transportation (SCDOT) to provide a volunteer transportation program through discretionary grants. Although not currently active, the LGOA continues to seek funding for innovative programming.

The two major transportation systems that serve the state's seniors and persons with disabilities are the Older Americans Act funded transportation services provided by the state's local contract providers and the state's Medicaid brokerage system coordinated by the South Carolina Department of Health and Human Services (SCHHS).

Nutrition Program and Services

The LGOA provides funding via federal and state sources to coordinate a nutrition (meals) program in the State of South Carolina. The program funding through Title III-C-1 and C-2, as well as state dollars is a supplemental meals program that provides home delivered and congregate meals to eligible individuals plus the attendant services of nutrition education and nutrition counseling according to Older Americans Act criteria. Priority for meals is given to those individuals meeting eligibility and target criteria according to the Older Americans Act and are identified as being at high nutritional risk per the nationally utilized nutrition risk screening tool known as the "DETERMINE Your Nutritional Health" Tool.

The LGOA's nutrition program aims to increase the ability of seniors to perform everyday activities and to remain in their homes safely for as long as possible. The nutrition services are designed to enhance quality of life by improving nutritional and health status, increase functional abilities, promote home safety, and delay institutionalization.

Senior Center Permanent Improvement Project Grant

The LGOA encourages local service providers to enhance and modernize their senior centers to make them more relevant to today's mature adults and their needs.

There are approximately 165 active senior centers and/or group dining sites according to current data collected by the LGOA (see Appendix E). South Carolina's aging network is proactively working to redirect the focus of the senior center from a nutrition site to a community focal point by promoting awareness, training, knowledge, and resourcefulness. The LGOA's vision is to incorporate the National Council on Aging's established senior center standards with the goal of creating improved senior center opportunities for seniors. South Carolina's goal is to make all senior centers focal points and town squares for older adults in each region.

Senior Center Permanent Improvement Project (PIP) grant recipients are required to abide by the National Council on Aging's national senior center standards. Likewise, group dining sites are evolving to improve facilities and to enhance activities in order to provide vibrant facilities that seniors will want to utilize. This goal can be accomplished by adding more consumer choice options and additional activities that serve to keep seniors healthier longer.

Senior Employment Opportunities

The Title V Senior Community Service Employment Program (SCSEP) is authorized by the Older Americans Act and is a community service and work-based job-training program for older Americans. The program provides training for low-income, unemployed seniors. SCSEP is funded through the United State Department of Labor.

The Senior Community Service Employment Program (SCSEP) fosters and promotes useful part-time training opportunities in community service organizations for unemployed low-income persons who are age 55 or older and who have poor employment prospects. SCSEP promotes individual economic self-sufficiency and increases the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors by providing individuals with appropriate training for targeted jobs in the community. The LGOA contracts with Goodwill, Inc. of the Midlands/Upstate to coordinate the employment services.

Ombudsman Program

In South Carolina, a "vulnerable adult" is defined as a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. A resident of any long-term care facility is considered a vulnerable adult. The South Carolina Omnibus Adult Protection Act defines abuse, neglect, and exploitation and encourages the collaboration of organizations and agencies involved with adult protective issues to help prevent/reduce the incidence of abuse, neglect, and exploitation.

The Office of the Long Term Care Ombudsman, housed within the LGOA, is charged with providing advocacy and assisting individuals with long term care issues. The State Long Term Care Ombudsman is responsible for directing the program and oversees the investigation of complaints by its 10 Regional Programs housed within the AAAs.

The LGOA and the Long Term Care Ombudsman hold seats on the South Carolina Adult Protection Coordinating Council, which ensures consultation and collaboration with all agencies entrusted with protecting seniors and vulnerable adults. The goals of the program are achieved through a multi-faceted approach: advocacy and investigation of allegations of abuse, neglect and exploitation in facilities; collaboration, outreach and training to stop or prevent abuse, neglect and exploitation; maintenance of the volunteer Friendly Visitor program; and assurance that legal services are available to seniors of greatest social and economic need (as determined by the priority areas of income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianships, abuse, neglect, and age discrimination).

Statewide Legal Assistance Program

The Lieutenant Governor's Office on Aging (LGOA) has developed a Legal Assistance Program, which offers services to persons age 60 or older using Title III-B funding. Individuals who are in the greatest social and/or economic need with particular attention to low-income minorities, rural residents, or persons with limited English speaking proficiency are given priority for legal services. Some of the legal services that can be addressed include:

- Income protection (example: bankruptcy, appeal denials of pension, etc.);
- Health Care (example: appeal disability or Medicare/Medicaid denial);
- Long Term Care (example: facility involuntary transfer, inappropriate discharge);
- Nutrition (example: if benefits denied and a legal appeal is required);
- Housing (example: eviction or discrimination issues);
- Utilities (not applicable in SC);
- Protected Services (example: conservatorships);
- Guardianship (example: obtaining or defending you from guardianship);
- Abuse (example: legal assistance to victims of NON-CRIMINAL Neglect situations who are not in long term care facilities); and Exploitation.

Adult Guardian ad Litem established to recruits volunteer Guardians ad Litem to act as unbiased representatives for vulnerable adults under Adult Protective Service custody in cases of abuse, neglect, and exploitation. In 2014, the General Assembly voted to move the program from the University of South Carolina (The Office for the Study of Aging) to the Lieutenant Governor's Office on Aging (LGOA). Currently, the LGOA contracts with the USC Office for the Study of Aging to provide the Adult Guardian ad Litem services. As of July 1, 2016, the Adult Guardian ad Litem program will officially be located at and managed by the LGOA.

Home Again: Money Follows the Person (MFP)

South Carolina participates in the Money Follows the Person (MFP) Rebalancing Demonstration Grant through the South Carolina Department of Health and Human Services (SCDHHS). The SCDHHS is the Medicaid agency in South Carolina and calls the MFP program "Home Again." Home Again is a program assisting eligible seniors and individuals with physical disabilities who currently live in nursing facilities to transition back into their communities and receive appropriate services and supports.

Community-Based Care Transitions Program (CCTP)

The Community-based Care Transitions Program (CCTP), created by Section 3026 of the Affordable Care Act, tests models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries. The goals of the CCTP are to improve transitions of beneficiaries from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high-risk beneficiaries, and to document measurable savings to the Medicare program. The AAAs are encouraged to work with local hospitals to establish care transitions programs. The Lieutenant Governor's Office on Aging (LGOA) works closely with the South Carolina Hospital Association (SCHA) to promote care transition initiatives, and has hosted meetings with SCHA staff and the AAAs to encourage the concept.

DRAFT

Appendix G: State and Regional Needs

State and Regional Needs in South Carolina

The Lieutenant Governor's Office on Aging (LGOA) works closely with the 10 Area Agencies on Aging (AAAs) to identify the critical needs and unmet needs of older adults and persons with disabilities, in order to aid them in remaining in their homes safely and independently.

The Lieutenant Governor and agency staff routinely participate in town hall meetings, outreach events, and forums where seniors are encouraged to express their concerns and views. Since submission of the last State Plan in 2012, the LGOA has conducted successful Faces of Aging Tours where the Lieutenant Governor and staff visited numerous nursing homes, senior centers and assisted living communities in order to determine the true scope of the impact of an aging population in South Carolina. The LGOA staff analyzes all of this data collected in order to determine the top needs and the unmet needs for South Carolina's growing senior population.

The state and regional needs are assessed using varied methods. Both the LGOA and the AAAs gather and analyze data from the Online Support Assistant (OLSA) data system and Information and Referral/Assistance (I&R/A) Specialists contacts. Each AAA informs the LGOA of its regional needs and unmet needs through I&R/A reports that are submitted quarterly.

Each AAA is required to submit regional needs and unmet needs as a component of its Area Plans and Annual Area Plan Update. Through the Area Plans and Area Plan Update process, as well as during monthly meetings with the AAA Directors, the LGOA collected valuable data on regional needs assessments. The AAAs provide the LGOA demographic data, including seniors' living situations, self-care limitations, nutrition, housing, healthcare, and other critical compound needs, during their routine service data reporting and the through assessment process.

In 2016, as part of the State Plan development process, the LGOA asked each AAA to provide updated information on their unique and specific regional needs.

The AAAs contracted with System Wide Solutions, Inc., to conduct a statewide and regional needs assessment that validates the data collected through the On Line Support Assistant system (OLSA), I&R/A contacts, and daily interactions with seniors and aging network stakeholders. System Wide Solutions surveyed over 3,886 individuals and the results are included in this State Plan.

Respondents Information From the System Wide Solutions Survey

The population represented in the survey:

- 71.3 percent were seniors receiving aging services
- 17.3 percent were identified as seniors not receiving services
- 1.181 percent were caregivers
- 61.6 percent were identified as a senior with a disability

Race and Gender of Seniors Represented in the Survey (Captured directly from the System Wide Solutions Survey.)

<i>Race</i>	<i>Survey Sample</i>
African American Female	37.1 percent
African American Male	11.6 percent
White Female	32.8 percent
White Male	16.0 percent
Other Female	1.9 percent
Other Male	0.7 percent

Poverty Status of Seniors Represented (Captured directly from the System Wide Solutions Survey.)

<i>Poverty Status</i>	<i>Survey Sample</i>
Below Poverty line	40.8 percent
Above Poverty Line	59.2 percent

The Top Five Statewide Survey Findings (Captured directly from the System Wide Solutions Survey.)

These five components are:

1. Personal and Home Care;
2. Senior Center Activities;
3. Maintaining Independence;
4. Information Referral and Assistance; and
5. Monetary Assistance.

State Needs Identified for the State Plan Using LGOA Data Sources

April 2015 - March 2016

1. Local Community Transportation
2. Transportation
3. Service Voucher (Respite)
4. Consumer Assistance
5. Insurance Counseling
6. Medication and Drug Assistance
7. Information and Referral Service
8. Support Services
9. Respite Care – In-Home
10. Home repair/Modification Assistance
11. Food – In-Home
12. Utility Assistance
13. Food – Group Meals
14. Medical Appointment Transportation
15. Legal Services – General

State Unmet Needs Identified for the State Plan Using LGOA Data Sources

April 2015 – March 2016

1. Utility Assistance
2. Transportation
3. Home Repair/Modification Assistance
4. Rental Assistance

5. Medical Appointment Transportation
6. Local Community Transportation
7. Housing/Residential
8. Support Services
9. Subsidized Housing
10. Basic Needs/Assistance
11. Miscellaneous Category
12. Home Chores/Homemaker Services
13. Financial Services
14. Accessible/Lift Equipped Transportation
15. Medical/Health/Dental/Vision

Regional Needs

Region Specific Needs Determined Directly by Each Area Agency on Aging (AAA)

(These needs were identified by the Area Agencies on Aging for the 2016 State Plan process, using AAA regional data sources.)

Appalachia AAA

Top Regional Needs

1. Service dollars for programs (C2, IIID, Transportation)
2. Administrative dollars (P&A – Need a staff person to help monitor sites/units)
3. Assessment funding – AAA’s need 3-4 times the funding we get now
4. Training (AIM, reporting, finance, Family Caregiver)

Top Regional Unmet Needs

1. Transportation (Non-Emergency Medical/Essential Shopping)
2. Utility Assistance
3. Rental Assistance
4. Home Repair/Modification

Upper Savannah AAA

Top Regional Needs

1. Medicare education and assistance to Medicare beneficiaries
2. Transportation
3. Home care services
4. Family Caregiver Services
5. Home-Delivered Meals

Top Regional Unmet Needs

1. Dental assistance
2. Pest Control Assistance
3. Seniors without family in need of advocates for daily assistance
4. Legal services for seniors needing Wills and POAs when pro bono services are not available

Catawba AAA

Top Regional Needs

1. Medicare counseling
2. Caregiving related services
3. Transportation

4. SNAP and Food Resources

Regional Unmet Needs

Same as above with limited funding

Central Midlands AAA**Top Regional Needs**

1. Utility assistance
2. Transportation (rural transportation)
3. Home Repair
4. Home Care 1
5. Home Delivered Meals

Regional Unmet Needs

1. Rental Assistance
2. Landlord/Tenant issues resulting from the October 2015 flooding
3. Increased Title III funds

Lower Savannah AAA**Top Regional Needs**

1. Transportation assistance
2. Insurance Counseling
3. Medication/Drug Assistance
4. Legal Assistance
5. Financial Assistance

Regional Unmet Needs

1. Transportation—denied by provider, no service available
2. Financial assistance—(utilities, etc.)
3. Home Delivered Meals for individuals not eligible by age

Santee Lynches AAA**Top Regional Needs**

1. Transportation (including medical trips)
2. Minor Home Repairs, including ramps
3. Nutrition Services, including home delivered meals for homebound seniors
4. Health Care

Regional Unmet Needs

1. Utility Assistance

Pee Dee AAA**Top Regional Needs**

1. Access and Assistance Services (Including Caregiver Support, Legal Assistance and Disability Resources)
2. Nutrition Services
3. In-Home Support Services (Income Support, Caregiver Respite Care, Homemaker/Home Care, Chore Maintenance, Emergency Response Units)
4. Community Support Programs (New senior centers, Residential Repair Assistance, More Adult Day Services, Medical and Essential Non-Medical Transportation, Escort/Assisted Transportation, and Senior Housing)

Regional Unmet Needs

1. Access and Assistance Services

Waccamaw AAA**Top Regional Needs**

1. Transportation
2. Caregiver Support
3. Home Delivered Meals
4. Home Repair/Modifications
5. Information and Referral

Regional Unmet needs

1. Home Repair/Modifications
2. Utility Assistance
3. Wheelchair Ramps

Trident AAA**Top Regional Needs**

1. Transportation (medical transportation, transportation to access services, transportation to grocery stores)
2. Home Delivered Meals
3. Energy Assistance
4. Major Home Repair (Roof, plumbing)
5. Supplemental Supplies (nutritional supplements, incontinence supplies, emergency food) for seniors without a caregiver

Regional Unmet needs

Same as needs

Lowcountry AAA**Top Regional Needs**

1. Nutrition Program Services (both Congregate and Home Delivered),
2. Senior Center Services (Socialization)
3. Family Caregiver Support
4. Non-Emergency Medical Transportation
5. Family Caregiver Service Vouchers

Regional Unmet Needs

1. Affordable Local Community Transportation
2. Mobile Home repairs and weatherization
3. Legal service requests
4. Basic needs assistance for Utilities

Appendix H: Acronyms Used By LGOA

A

AA	Alcoholics Anonymous
AAA	Area Agency on Aging
AAHSA	American Association of Homes & Services for the Aging
AAIDD	American Association on Intellectual and Developmental Disabilities
AAPD	American Association of People with Disabilities
AARP	American Association of Retired Persons
ABA	Architectural Barriers Act or American Bar Association
ABC	Advocates for Better Child Care (SC)
ABD	Aged, Blind & Disabled
ABN	Advanced Beneficiary Notice
ABS	Annual Beneficiary Summary
AC	Actual Charge or Allowable Cost
ACB	American Council of the Blind
ACCH	Association for the Care of Children's Health (under DHHS)
ACE	Alternative Care for the Elderly
ACL	Administration for Community Living
ACLD	Association for Children with Learning Disabilities
ACLU	American Civil Liberties Union
ACOA	Adult Children of Alcoholics
ACS	American Cancer Society or Army Community Services
ACYF	Administration on Children, Youth and Families (DHHS)
ADA	Americans with Disabilities Act or Age Discrimination Act
ADAAG	Americans with Disabilities Act Accessibility Guidelines
ADAPT	Americans Disabled for Attendant Programs Today
ADC	Aid to Dependent Children (now TANF) or Adult Day Care
ADD	Administration on Developmental Disabilities (ACF, HHS)
ADH	Adult Day Health
ADJ	Adjusted Claim
ADL	Activities of Daily Living (toileting, bathing, eating, transferring, etc.)
ADMC	Advance Determination of Medicare Coverage
ADP	Advance Planning Document
ADRC	Aging and Disability Resource Center
ADVP	Adult Developmental Vocational Program
AE	Age Equivalent
AEP	Annual Coordinated Election Period

AFB	American Foundation for the Blind or American Federation for the Blind or Air Force Base
AFDC	Aid to Families with Dependent Children (now TANF in SC)
AGI	Adjusted Gross Income
AHCA	American Health Care Association
AIM	Advanced Information Management (SC)
ALANON	Alcoholics Anonymous (for family members of AA)
ALF	Assisted Living Facility
ALFA	Assisted Living Federation of America
ALJ	Administrative Law Judge
ALOS	Average Length of Stay
ALS	Advanced Life Support
ALT	Average Length of Treatment
AMA	American Medical Association
AMI	Alliance for the Mentally Ill
ANA	American Nurses Association
ANE	Abuse, Neglect and Exploitation
AoA	Administration on Aging (HHS)
APA	American Psychological Association or American Psychiatric Association
APD	Advanced Planning Documents
APH	American Printing House for the Blind
APHA	American Public Health Association
APS	Adult Protective Services
APWA	American Public Welfare Association
ARC	Advocates for the Rights of Citizens with Disabilities (formerly Association of Retarded Citizens) or American Red Cross
ARCC	Alzheimer's Resource Coordination Center (SC)
ARCH	Access to Respite Care and Health
ARRA	American Recovery and Reinvestment Act
ASA	Autism Society of America
ASL	American Sign Language
AT	Assistive Technology
ATA	Alliance for Technology Access
ATBCB	Architecture and Transportation Barriers Compliance Board
ATI	Assistive Technology Initiative
ATP	Assistive Technology Project (SC)

B

BBA	Balanced Budget Act
BC/BS	Blue Cross/Blue Shield
BDOD	Beneficiary Date of Death
BSW	Bachelor of Social Work
BX	Base Exchange (military)
C	
CA	Chronological Age
CAD	Computer Assisted Drawing
CAI	Computer Assisted Instruction
CAP	Client Assistance Program (SC) or Community Alternatives Program or Corrective Action Plan
CAPH	Citizens for the Advancement of the Physically Handicapped (SC)
CARF	Commission on the Accreditation of Rehabilitation Facilities
CAST	Center for Applied Special Technologies
CAT Scan	Computerized Axial Tomography (same as CT scan)
CCF	Continuing Care Facility
CCRC	Continuing Care Retirement Community
CCRS	Children's Case Resolution System (SC)
CD	Consumer Directed
CDB	Childhood Disability Benefit
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention (HHS) or Child Development Center
CDD	Center for Developmental Disabilities (SC – same as CDR)
CDDC	Consortium of Developmental Disabilities Councils
CDF	Children's Defense Fund
CDM	Consumer Directed Model
CDR	Continuing Disability Review or Center for Disability Resources (SC – formerly CDD)
CDSMP	Chronic Disease Self Management Program
CEC	Council for Exceptional Children (Division of CEC)
CETA	Comprehensive Employment Training Act
CFB	Commission for the Blind (SC)
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFSAN	Center for Food Safety and Applied Nutrition (FDA, HHS)
CHADD	Children and Adults with Attention Deficit Disorder

CHAMPUS	Civilian Health & Medical Programs of the Uniformed Services (Now Tri-Care)
CHAMPVA	Civilian Health & Medical Program of the Veterans Administration (Now Tri-Care)
CHIP	Children's Health Improvement Program
CHSPR	Center for Health Services and Policy Research (SC)
CIL	Centers for Independent Living
CIO	Chief Information Officer
CIP	Crisis Intervention Program
CITA	Center for Information Technology Accommodations
CLP	Community Living Program
CLTC	Community Long Term Care (SC)
CMS	Centers for Medicare and Medicaid Services (formerly HCFA) or Children's Medical Services
CMHS	Center for Mental Health Services (SAMHSA, HHS)
CMSO	Center for Medicaid and State Options
CNA	Certified Nursing Assistant
COA	Council on Aging (SC)
COBRA	Consolidated Omnibus Budget Reconciliation Act
COG	Council of Governments (SC)
COLA	Cost of Living Adjustment
CON	Certificate of Need
COTA	Certified Occupational Therapist
CPAP	Continuous Positive Airway Pressure
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CQMR	Carrier Quarterly Medical Review
CRCF	Community Residential Care Facilities
CRD	Chronic Renal Disease (ESRD (preferred))
CRF	Change Request Form
CRIPA	Civil Rights of Institutionalized Persons Act
CRS	Children's Rehabilitative Services (SC)
CSO	Community Service Organization
CSRS	Civil Service Retirement System
CUFAN	Clemson University Forestry and Agriculture Network (SC)
CWLA	Child Welfare League of America
CY	Calendar Year

D

D&E	Diagnosis and Evaluation
DAC	Disability Action Center (SC)
DAODAS	Department of Alcohol and Other Drug Abuse Services (SC)
DAV	Disabled American Veterans
Db	Decibel
DBTAC	Disability Technical Assistance Center
DD	Developmental Disability
DDC	Developmental Disabilities Council
DDD	Disability Determination Division (Vocational Rehabilitation Dept. in SC)
DDPC	Developmental Disabilities Planning Council
DDSN	Department of Disabilities and Special Needs (SC – formerly DMR)
DDSNB	Department of Disabilities and Special Needs Board (SC)
DDST	Denver Developmental Screening Tool
DEC	Division for Early Childhood (Division of CEC) or Developmental Evaluation Clinic
DEERS	Defense Enrollment Eligibility Reporting System (Military)
DEW	Department of Employment and Workforce
DHEC	Department of Health and Environmental Control (SC)
DHHS	Department of Health and Human Services
DJJ	Department of Juvenile Justice (SC)
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DMERC	Durable Medical Equipment Regional Carrier
DMH	Department of Mental Health (SC)
DMR	Department of Mental Retardation (SC – now DDSN)
DMV	Department of Motor Vehicles (SC)
DNR	Do Not Resuscitate
DOA	Division of Aging
DOB	Date of Birth
DOC	Department of Commerce (U.S.) or Days of Care
DOD	Department of Defense (U.S.) or Date of Death
DOE	Department of Education (U.S.) or Date of Entitlement
DOEH	Date of Entitlement to Hospital Insurance (Medicare Part A)
DOES	Date of Entitlement to Supplementary Medical Insurance
DO-IT	Disabilities, Opportunities, Internetworking and Technology
DOJ	Department of Justice (U.S.)
DOL	Department of Labor (U.S.)

DOST	Date of Suspension or Termination
DOT	Department of Transportation (U.S.)
DOTH	Date of Termination of Hospital Insurance
DOTS	Date of Termination of Supplementary Medical Insurance
DPOA	Durable Power of Attorney
DRACH	Disability Rights Action Coalition in Housing
DSM	Diagnostic & Statistical Manual
DSN	Disabilities and Special Needs (SC)
DSS	Department of Social Services (SC)
DVA	Department of Veterans Affairs (VA)
DVAAP	Disabled Veterans Affirmative Action Program
DVOP	Disabled Veterans Outreach Program
DVR	Department of Vocational Rehabilitation (SC)
DWB	Disabled Widow's Benefits
Dx	Diagnosis

E

EASI	Equal Access to Software and Information
EBNE	Eligible But Not Enrolled
EBP	Evidence-based Program
EC	Early Childhood
ECF	Extended Care Facility
EDGAR	Education Department General Administrative Regulations
EDPP	Evaluation, Diagnosis and Prescriptive Program
EEG	Electroencephalogram
EEOC	Equal Employment Opportunity Commission
EFA	Epilepsy Foundation of America or Education Finance Act
EFMP	Exceptional Family Member Program (Military)
EHA	Education for all Handicapped Children Act
EHD	Early Head Start
EI	Early Intervention
EIA	Education Improvement Act
EIB	Employer Insured Beneficiary
EIN	Employee/Employer Identification Number
EITAC	Early Intervention Technical Assistance Collaborative (SC)
EMB	Eligible Medicare Beneficiary
EMD	Emergency Management Division (SC)
ENT	Ears, Nose and Throat

EOC	Economic Opportunity Commission (SC)
EOMB	Executive Office of Management & Budget
EPD	Emergency Preparedness Division
EPMS	Employee Performance Management System
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ERIC	Educational Resources Information Center
ERISA	Employee Retirement Income Security Act
ESC	Employment Security Commission (SC) – now DEW
ESEA	Elementary and Secondary Education Act
ESRD	End Stage Renal Disease
ESY	Extended School Year
F	
FA	Fiscal Agent
FCC	Federal Communications Commission (U.S.)
FCSP	Family Caregiver Support Program (Title III of OAA)
FDOEH	First Date of Entitlement to Hospital Insurance (Part A)
FDOES	First Date of Entitlement to Supplementary Medical Insurance (Part B)
FEMA	Federal Emergency Management Agency
FERPA	Family Educational Rights and Privacy Act
FES	Functional Electrical Stimulation
FFATA	Federal Funding Accountability and Transparency Act
FFP	Federal Financial Participation
FGP	Foster Grandparent Program
FHA	Federal Housing Administration
FHAA	Fair Housing Amendments Act
FI	Family Independence (SC – formerly AFDC) or Fiscal Intermediary
FICA	Federal Insurance Contributions Act
FMAP	Federal Medical Assistance Percentage
FMS	Financial Management Service
FNS	Food & Nutrition Service
FOIA	Freedom of Information Act
FQHC	Federally Qualified Health Centers
FR	Federal Register
FSA	Flexible Savings Account
FSP	Family Support Plan
FUTA	Federal Unemployment Tax Act
FY	Fiscal Year

FYE Fiscal Year End or Ending
 FYTD Fiscal Year to Date

G

GA Graduate Student
 GAL Guardian Ad Litem (SC)
 GAO Government Accounting Office
 GRI Grant Related Income
 GSA General Services Administration

H

HAL Handicapped Assistance Loans (SBA)
 HASCI Head and Spinal Cord Injury (SC – Division of DDSN)
 HCBS Home and Community Based Services
 HCBWP Home & Community Based Waiver Program
 HCCBG Home and Community Care Block Grant
 HCFA Health Care Financing Administration (U.S.) (now – Centers for Medicare and Medicaid Services)
 HCPOA Health Care Power of Attorney
 HEW Dept. of Health, Education and Welfare (now DHHS)
 HH Home Health
 HHA Home Health Agency
 HHS Health and Human Services
 HHSCC Health and Human Services Coordinating Council (SC)
 HHSFC Health and Human Services Finance Commission (SC)
 HIPAA Health Insurance Portability and Accountability Act
 HIPP Health Insurance Premium Program
 HMO Health Maintenance Organization
 HRSA Health Resources & Services Administration (formerly HRA and PHS)
 HS Head Start
 HSA Health Savings Account
 HSA Health Service Area
 HUD Housing and Urban Development
 Hx History

I

I & O Intake and Output

I & A	Information and Assistance
I & R	Information and Referral
I & R/A	Information, Referral and Assistance
IAC	Interagency Advisory Committee
IADL	Instrumental Activities of Daily Living (shopping, cooking, bill paying, etc.)
I-CARE	Insurance Counseling, Assistance and Referral for the Elderly
ICC	Interagency Coordinating Council
ICD-9	International Classification of Diseases
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICU	Intensive Care Unit
IDC	Institute on Disability Culture
IDEA	Individuals with Disabilities Education Act
IDT	Interdepartmental Transfer (SC)
IEE	Independent Educational Evaluation
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IHE	Institutions of Higher Education
IHP	Individualized Habilitation Plan
IHSS	In-home Supportive Services
IL	Independent Living
ILC	Independent Living Center/Council
ILRU	Independent Living Research Utilization
IPP	Individualized Program Plan
IQ	Intelligence Quotient
IRC	Interagency Resource Committee
IRF	Inpatient Rehabilitation Facility
IRWE	Impairment Related Work Expense
ISO	Intermediary Service Organization
ISP	Individualized Service Plan
IT	Information Technology
ITP	Individualized Transition Plan
IWRP	Individualized Written Rehabilitation Plan

J

JAN	Job Accommodation Network
JCAHCO	Joint Commission on Accreditation of Health Care Organizations

JTPA Job Training Partnership Act

L

LAC Local Advisory Committee
 LBPH Library for the Blind and Physically Handicapped
 LDA Learning Disabilities Association
 LEA Local or Lead Education Agency (School District)
 LEAA Law Enforcement Assistance Administration
 LGOA Lt. Governor's Office on Aging (SC)
 LIHEAP Low Income Home Energy Assistance Program
 LIS Low-Income Subsidy (Medicare Beneficiary)
 LISW Licensed Independent Social Worker
 LOC Level of Care
 LPN Licensed Practical Nurse
 LRADAC Lexington/Richland Alcohol and Drug Abuse Commission (SC)
 LRD Lifetime Reserve Days (Medicare Beneficiary)
 LRE Least Restrictive Environment
 LSP Local Service Provider
 LTC Long Term Care
 LTCF Long Term Care Facility
 LVER Local Veterans Employment Representative (DEW)

M

M+CO Medicare + Choice Organization
 MA Mental Age
 MAO Medical Assistance Only
 MAP Medication Assistance Program
 MA-PD Medicare Advantage Prescription Drug Plans
 MBA Monthly Benefit Amount (SSA)
 MCH Maternal and Child Health
 MCI Medicare Claims Inquiry
 MCO Managed Care Organization
 MDS Minimal Data Set
 MDT Multidisciplinary Team
 MEDICAID Medical Aid (State administered health insurance program)
 MEDIGAP Medicare Gap (Medicare complementary insurance program)
 MFP Money Follows the Person
 MGRAD Minimum Guidelines & Requirements for Accessible Design

MH	Mental Health
MHLP	Mental Health Law Project (formerly The Bazelon Center)
MIAF/MIAP	Medically Indigent Assistance Fund/Program
MICH	Maternal, Infant and Child Health
MICHC	Maternal, Infant and Child Health Council (SC)
MIPPA	Medicare Improvements for Patients and Providers Act
MIS	Management Information System
MMIS	Medicaid Management Information System
MMO	Materials Management Office
MOA	Memorandum of Agreement
MOB	Matter of Balance
MOU	Memorandum of Understanding
MR	Mental Retardation
MR/DD	Mental Retardation and other Developmental Disabilities
MRI	Magnetic Resonance Imaging
MRRC	Mental Retardation Research Center
MSN	Medicare Summary Notice
MSP	Medicare Savings Plan
MSW	Master's Degree in Social Work
MTF	Military Treatment Facility
MUMS	Mothers United for Moral Support
MUSC	Medical University of South Carolina (SC)
MWR	Morale, Welfare and Recreation (military)

N

N4A	National Association of Area Agencies on Aging
NA	Narcotics Anonymous or Not Applicable
NACHRI	National Association of Children's Hospitals and Related Institutions
NADS	National Association for Down Syndrome
NADSA	National Adult Day Services Association
NAEYC	National Association for the Education of Young Children
NAGC	National Association for Gifted Children
NAHC	National Association for Home Care
NAMI	National Alliance for the Mentally Ill
NAPIS	National Aging Program Information System
NAPVI	National Association for Parents of Visually Impaired
NARF	National Association of Rehabilitation Facilities
NARIC	National Rehabilitation Information Center

NASLTCOP	National Association of Long Term Care Ombudsman Program
NASMD	National Association of State Medicaid Directors
NASOP	National Association of State Ombudsman Programs
NASUA	National Association of State Units on Aging (now NASUAD)
NASUAD	National Association of States United for Aging and Disabilities
NAVH	National Association for Visually Handicapped
NCAL	National Coalition for Assisted Living
NCAM	National Center for Accessible Media
NCCA	National Center for Child Advocacy
NCCAN	National Center on Child Abuse and Neglect
NCCNHR	National Citizen's Coalition for Nursing Home Reform
NCD	National Council on Disabilities
NCDR	National Center for Disability Dissemination Research
NCHS	National Center for Health Statistics
NCIL	National Council on Independent Living
NCIP	National Center to Improve Practice
NCNHR	National Coalition on Nursing Home Reform
NCOA	National Council on Aging
NCSC	National Council (or Center) of Senior Citizens
NDSC	National Down Syndrome Congress
NDSS	National Down Syndrome Society
NDT	Neurodevelopmental Treatment
NEA	National Education Association
NECTAS	National Early Childhood Technical Assistance Systems
NF	Nursing Facility
NFB	National Federation of the Blind
NGA	Notification of Grant Award
NHO	National Hospice Organization
NIA	National Institute on Aging
NICCYD	National Information Center for Children and Youth with Disabilities
NICHCY	National Information Center for Handicapped Children and Youth (now NICCYD)
NICU	Neonatal Intensive Care Unit
NIDRR	National Institute on Disability and Rehabilitation Research (US Dept. of Educ.)
NIH	National Institutes of Health
NII	National Institute of Immunology
NILP	National Institute on Life Planning

NLE	National Library of Education
NLS	National Library Services for the Blind and Physically Handicapped
NLT	National Leadership Team
NOA	Notice of Award
NOD	National Organization on Disabilities
NORD	National Organization for Rare Disorders
NP	Nurse Practitioner
NPIN	National Parent Information Network
NPND	National Parent Network on Disabilities
NPO	Nothing by Mouth
NPPSIS	National Parent to Parent Support and Information Systems, Inc.
NRHA	National Rural Health Association
NRIC	National Rehabilitation Information Center
NRT	Norm Referenced Test
NSCLC	National Senior Citizens Law Center
NSIP	Nutrition Services Incentive Program
NTIA	National Telecommunications and Information Administration

O

O & M	Orientation and Mobility
OAA	Older Americans Act
OASB	Old Age & Survivors Benefits
OASDHI	Old Age, Survivors, Disability & Health Insurance
OASDI	Old Age, Survivors & Disability Insurance
OASI	Old Age & Survivors Insurance
OBRA	Omnibus Budget Reconciliation Act
OCR	Office of Civil Rights (U.S. Department of Education)
OCWIC	Optional Coverage for Women, Infants and Children
OD	Office on Disability (U.S.)
OEF	Operation Enduring Freedom (war in Afghanistan)
OFCCP	Office of Federal Contract Compliance Programs
OHCDs	Organized Health Care Delivery Systems
OHDS	Office of Human Development Services (U.S.)
OIF	Operation Iraqi Freedom
OLSA	On Line Support Assistant
OMB	Office of Management and Budget (U.S.)
OMB & BS	Office of Medicaid Eligibility and Beneficiary Services
OMRDD	Office of Mental Retardation and Developmental Disabilities

OOA	Office on Aging (SC)
OPEC	Office of Programs for Exceptional Children (SC Dept. of Education)
OPH	Office of Programs for the Handicapped (SC Dept. of Education – now OPEC)
ORHP	Office of Rural Health Policy (HRSA)
ORSI	Office of Retirement & Survivors Insurance
OSEP	Office of Special Education Programs (U.S. Dept. of Education)
OSERS	Office of Special Education and Rehabilitation Services (U.S. Dept. of Educ.)
OSHA	Occupational Safety and Health Administration
OSS	Optional State Supplement
OT	Occupational Therapy
OWL	Older Women's League
P	
P & A	Protection and Advocacy System for Individuals with Disabilities
PACE	Program of All-Inclusive for the Elderly
PAND	Public Access Network Directory
PAS	Personal Assistance Services
PASARR	Pre-Admission Screen/Annual Resident Review
PASS	Plan for Achieving Self Support
PCA	Personal Care Aid
PCEPD	President's Committee on the Employment of People with Disabilities
PCP	Person Centered Planning
PD	Position Description
PDR	Prescriptive Drug Reference or Physician's Desk Reference
PE	Physical Education
PEP	Parent Educator Partnership
PERS	Personal Emergency Response System
PHAC	Preschool Handicapped Advisory Committee
PHC	Partners for Healthy Children
PHN	Public Health Nurse
PHRMA	Pharmaceutical Manufacturers and Researchers of America
PIA	Programs for Individuals with Autism
PIN	Personal Identification Number
PIP	Permanent Improvement Program (SC)
PL	Public Law
PL105-15	Individuals with Disabilities Education Act of 1997 (formerly PL101-476)

PL105-476	Individuals with Disabilities Education Act of 1990
PL94-142	Education of Handicapped Children's Act of 1975 (now PL 101-476)
PL99-457	Education of the Handicapped Amendment of 1986 (now PL101-476)
PM & R	Physical Medicine and Rehabilitation
PNA	Personal Needs Allowance
PO	Purchase Order
PPO	Preferred Provider Organization
PRN	Pro Re Nata (Latin for "as the situation demands")
PRT	Parks, Recreation and Tourism (SC)
PSA	Public Service Announcement
PSA	Planning Service Area (Usually COGSs that House AAAs)
PSO	Provider Sponsored Organization
PT	Physical Therapy
PTI	Parent Training and Information Center
PX	Post Exchange (military)

Q

Q&A	Questions & Answers
QA	Quality Assurance
QMB	Qualified Medicare Beneficiary
QWDI	Qualified Working Disabled Individual

R

RAAC	Regional Aging Advisory Committee
RAP	Relatives as Parents
RC	Rehabilitation Councils
RCF	Residential Care Facility
RCP	Residential Care Program
RD	Registered Dietician
RFB	Recordings for the Blind
RFI	Request for Information
RFP	Request for Proposal
RN	Registered Nurse
ROM	Range of Motion
RRC	Regional Resource Center
RSA	Rehabilitation Services Administration (U.S. Dept. of Educ.)
RSDI	Retirement, Survivors, & Disability Insurance
RSVP	Retired Senior Volunteer Program

RT	Recreational Therapist
RTA	Regional Transit Authority
Rx	Prescription

S

SAMHSA	Substance Abuse & Mental Health Services Administration
SART	Semi-Annual Report Tool
SBA	Spina Bifida Association or Small Business Administration
SBE	State Board of Education
SC4A	SC Association of Area Agencies on Aging
SCABA	South Carolina Association for Blind Athletes
SCACAD	SC Association of Council on Aging Directors
SCAD	South Carolina Association for the Deaf
SCAN	Suspected Child Abuse and Neglect
SCATP	SC Assistive Technology Program
SCCB	South Carolina Commission for the Blind
SCDDC	South Carolina Developmental Disabilities Council
SCDDSN	South Carolina Department of Disabilities and Special Needs
SCDEW	South Carolina Department of Employment and Workforce (formerly Employment Security Commission – ESC)
SCDHEC	South Carolina Department of Health and Environmental Control
SCDHHS	South Carolina Department of Health and Human Services
SCDMH	South Carolina Department of Mental Health
SCDSNB	South Carolina Department of Disabilities and Special Needs Board
SCDSS	South Carolina Department of Social Services
SCDVR	South Carolina Department of Vocational Rehabilitation
SCEIS	South Carolina Enterprise Information System
SCFOA	South Carolina Federation for Older Americans
SCILC	South Carolina Independent Living Council
SCP	Senior Companion Program
SCP & A	South Carolina Protection and Advocacy
SCSDB	South Carolina School for the Deaf and the Blind
SCSEP	Senior Community Service Employment Program (Title V)
SD	Standard Deviation
SDE	State Department of Education (SC)
SEA	State Education Agency or Act
SEP	Service Entry Point or Single Entry Point
SES	Socioeconomic Status

SGA	Substantial Gainful Employment
SHHH	Self Help for Hard of Hearing
SHHSFC	State Health and Human Services Finance Commission
SHIP	State Health Insurance Assistance Program (what SC calls I-CARE)
SI	Sensory Integration
SIB	Self Injurious Behavior
SILC	Statewide Independent Living Council
SL	Speech/Language
SLMB	Specified Low Income Medicare Beneficiary
SLP	Speech Language Pathologist
SLT	Speech Language Therapist
SMP	Senior Medicare Patrol (Medicare Fraud)
SN	Special Needs
SNF	Skilled Nursing Facility
SOBRA	Sixth Omnibus Budget Reconciliation Act
SOP	State Operated Program or Standard Operating Procedure
SPE	Single Point of Entry
SPED	Special Education or Special Education Teacher
SPR	State Program Report – Software used to submit NAPIS to AoA
SS	Social Security
SSA	Social Security Administration or Social Security Act
SSBG	Social Services Block Grant
SSDI	Social Security Disability Income
SSG	Summer School of Gerontology (SC)
SSI	Supplemental Security Income
SSN	Social Security Number
SSP	State Supplemental Payment
ST	Speech Therapy
SUA	State Unit on Aging
SUTA	State Unemployment Taxes
SW	Social Worker

T

TA	Technical Assistance
TAAC	Telecommunications Access Advisory Committee
TANF	Temporary Assistance for Needy Families
TASH	The Association for the Severely Handicapped
TC	Total Communication

TCM	Targeted Case Management
TDD	Telecommunications Device for the Deaf
TDP	Transportation Development Plan
Tech Act	Technology Related Assistance for Individuals with Disabilities Act
TEDP	Telecommunication Equipment Distribution Program (SC)
TEFRA	Tax Equity and Fiscal Responsibility Act
TIIAP	Telecommunications and Information Infrastructure Assistance Program
TIRR	The Institute for Rehabilitation and Research
Title III	OAA Grants for State and Community Programs on Aging (funds for supportive and nutrition services, family caregiver support, and disease prevention and health promotion activities)
Title III-B	OAA - Funds for support services such as in-home and other community supportive services
Title III-C-1	OAA - Funds for congregate nutrition services for older adults
Title III-C-2	OAA - Funds for Home-Delivered nutrition services for older adults
Title III-D	OAA - Funds for health, wellness and disease prevention services
Title III-E	OAA - Funds for Family Caregiver Support Program
Title IV	OAA – Research, Training and Demonstration grants
Title V	OAA - Senior Community Service Employment Program
Title VI	OAA - Native American Programs
Title VII	OAA – Vulnerable Elder Rights Protection (Ombudsman, Legal Assistance)
Title XIX	Medicaid Home and Community Based Waiver Services for the Elderly
Title XVIII	Medicare – Health Insurance for the Aged and Disabled – Social Security Administrators
Title XX	SSBG (Social Services Block Grants) Social Security Administrators
TJTC	Targeted Job Tax Credit
TPR	Termination of Parental Rights
TRICARE	Military Health Benefits Program
TT	Text Telephone
TTY	Text Teletype (for the Deaf)
TWWIA	Ticket to Work and Work Incentives Improvement Act
Tx	Treatment
U	
UAF	University Affiliated Facility (same as UAP)
UAP	University Affiliated Programs (formerly UAF)
UCE	University Centers for Excellence (formerly UAP's)
UCP	United Cerebral Palsy Association

UFAS	Uniform Federal Accessibility Standards
USABA	United States Association for Blind Athletes
USC	University of South Carolina
USDA	United States Department of Agriculture

V

VA	Veteran's Administration
VAMC	VA Medical Center
VDHCBS	Veteran's Directed Home and Community Based Services
VE	Vocational Education
VFA	Veterans Families of America
VFW	Veterans of Foreign Wars
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VNA	Visiting Nurses Association
VR	Vocational Rehabilitation
VS	Vital Signs

W

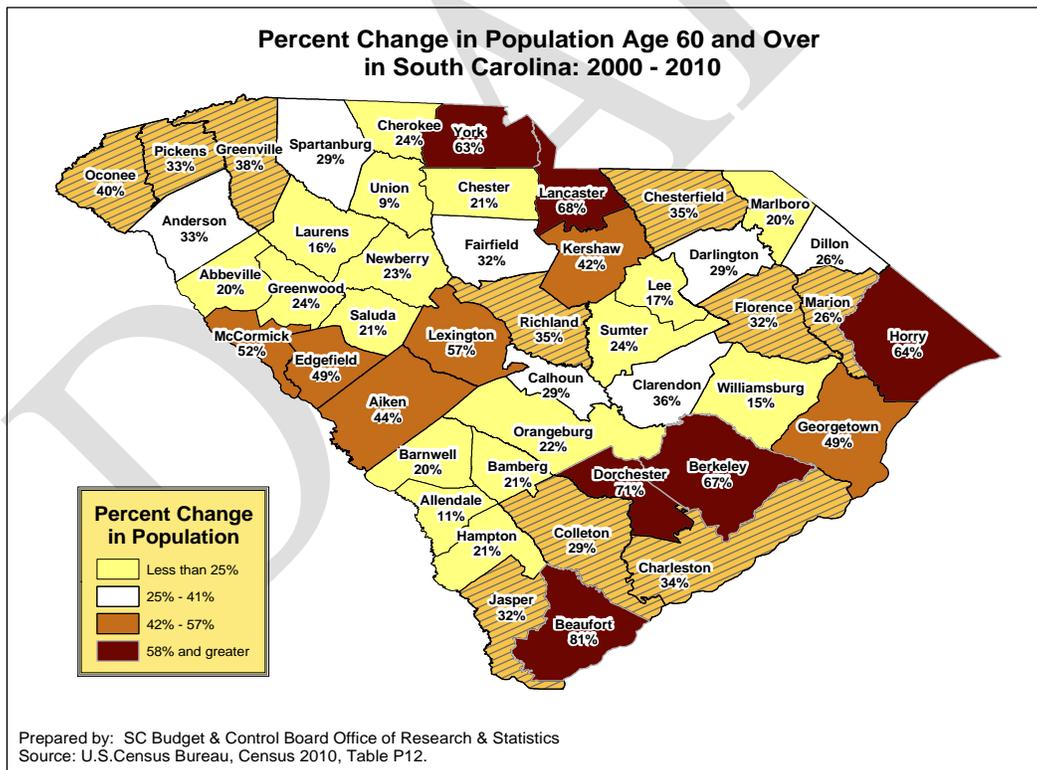
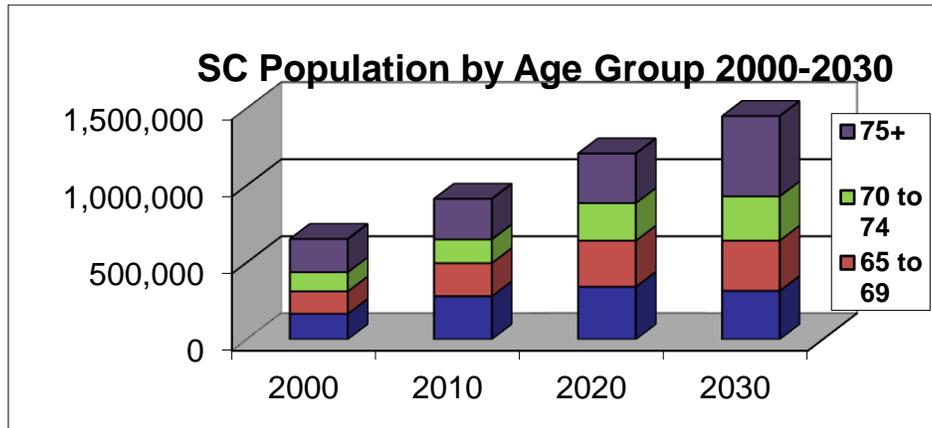
W3C	World Wide Web Consortium
WAI	Web Access Initiative
WAIS-R	Weschler Adult Intelligence Scale - Revised
Waivers	1915 (c) waiver - Medicaid home and community-based services waivers
WHCOA	White House Conference on Aging
WIC	Women, Infants and Children
WID	World Institute on Disability
WIIA	Work Incentives Improvement Act
WISC-R	Weschler Intelligence Scale for Children - Revised
WS	Waivered Services
WSHPI	William S. Hall Psychiatric Institute (SC)

Y

YTD	Year To Date
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Appendix I: South Carolina Demographic Data

The data below provides a view of the growing older population in the State of South Carolina. The charts that follow demonstrate a significantly growing senior population. The population for seniors age 60 and over is expected to reach 1,575,790 by the year 2030.



South Carolina Population by Age 2000-2030				
	2000	2010	2020	2030
50 to 54	262,543	326,662	322,290	313,650
55 to 59	206,762	303,240	336,570	323,540
60 to 64	166,149	280,555	335,530	340,370
65 to 69	145,599	215,561	313,840	354,770
70 to 74	124,449	153,482	257,340	324,720
75 to 84	165,016	192,114	281,890	423,380
Total 60+	651,482	912,429	1,281,170	1,575,790
Total 65+	485,333	631,874	945,640	1,235,420
Total 75+	215,285	262,831	374,460	555,930
Total 85+	50,269	70,717	92,570	132,550

Source: Base Population - U.S. Census Bureau, Census 2000 and Census 2010, SF1, Table P12.
Births and Deaths Data supplied by SCDHEC-Vital Records.

2016 South Carolina Data

PSA Region	PSA Name	Total Population	Population Age 60+
1	Appalachia	1,184,615	238,225
2	Upper Savannah	218,100	50,050
3	Catawba	370,355	72,940
4	Central Midlands	717,385	123,420
5	Lower Savannah	317,080	70,910
6	Santee-Lynches	223,105	46,620
7	Pee Dee	345,090	70,725
8	Waccamaw	370,910	95,865
9	Trident	682,905	120,895
10	Lowcountry	250,055	66,260
Total	South Carolina	4,679,600	955,910

PSA Region	PSA Name	Population Age 60+ (Minority)	Population Age 60+ (English Proficiency)	Population Age 60+ (Poverty)	Population 60+ (Disabilities)	Population 60+ (Rural)
1	Appalachia	34,895	2,685	23,960	16,745	72,889
2	Upper Savannah	12,505	275	5,505	3,945	31,497
3	Catawba	14,285	270	7,435	4,700	27,447
4	Central Midlands	34,255	1,075	10,955	8,770	28,977
5	Lower Savannah	24,150	200	10,210	6,175	35,959
6	Santee-Lynches	17,925	120	5,730	4,200	24,091
7	Pee Dee	25,790	135	10,130	6,025	36,191
8	Waccamaw	15,800	655	9,700	6,755	29,302
9	Trident	34,165	990	11,300	7,725	26,333
10	Lowcountry	13,855	505	5,085	3,925	22,110
Total	State	227,625	6,910	100,000	68,965	334,796

Projected Change in Population 65 plus by State: 2000 to 2030								
Rank	State	% change	Rank	State	% change	Rank	State	% change
1	Nevada	264.1	18	Vermont	124.4	35	South Dakota	71.1
2	Alaska	256.3	19	North Carolina	124.3	36	Michigan	70.7
3	Arizona	255.1	20	Montana	122.9	37	Massachusetts	70.1
4	Florida	176.7	21	Maryland	106.2	38	Connecticut	69.0
5	New Mexico	161.6	22	Maine	103.9	39	Kansas	66.5
6	Texas	150.2	23	Hawaii	103.6	40	Oklahoma	66.1
7	Idaho	147.4	24	Tennessee	101.6	41	Indiana	63.6
8	Georgia	143.0	25	Oregon	101.3	42	Nebraska	61.9
9	Utah	142.1	26	Minnesota	100.8	43	Rhode Island	61.7
10	Wyoming	140.2	27	Wisconsin	86.8	44	North Dakota	61.3
11	New Hampshire	138.4	28	Mississippi	84.6	45	Illinois	60.8
12	Washington	136.2	29	Louisiana	82.7	46	New York	60.0
13	Delaware	133.8	30	Alabama	79.2	47	Ohio	56.3
14	South Carolina	133.7	31	Kentucky	79.0	48	West Virginia	54.0
15	Virginia	132.7	32	New Jersey	76.0	49	Iowa	52.0
16	California	130.5	33	Arkansas	75.5	50	Pennsylvania	50.6
17	Colorado	129.8	34	Missouri	72.3	51	District of Columbia	-16.7

Source: US Census Bureau, Population Division, Interim State Population Projections, 2005

Education: Educational attainment varies greatly among older South Carolinians. The table below indicates that future generations of older adults are more likely to have at least a high school education or higher. Education is a powerful predictor of health status and income. Educational attainment offers the hope of improved health status and quality of life. The information in the chart below reflects 2014 data.

South Carolina Estimated Educational Attainment by Age Group - 2014		
	South Carolina	
Total:	#	%
25 to 44 years:	1,221,686	100.0%
Less than High School Diploma	150,330	12.3%
High School Diploma or higher	1,071,356	87.7%
Bachelor's or higher	345,701	28.3%
Graduate or professional degree	111,956	9.2%
45 to 64 years:	1,277,660	100.0%
Less than High School Diploma	154,556	12.1%
High School Diploma or higher	1,123,104	87.9%
Bachelor's or higher	329,605	25.8%
Graduate or professional degree	122,625	9.6%
65 years and over:	761,583	100.0%
Less than High School Diploma	147,080	19.3%
High School Diploma or higher	614,503	80.7%
Bachelor's or higher	181,667	23.9%
Graduate or professional degree	78,475	10.3%

Source: US Census Bureau - 2014 American Community Survey Single-Year Estimates, Table B15001.

Data are based on a sample and are subject to sampling variability. In addition to sampling variability, the ACS estimates are subject to non-sampling error (for a discussion of non-sampling variability, see Accuracy of the Data). The effect of non-sampling is not represented in these tables.

Employment: Employment is an important, although not primary, source of income for older adults, with Social Security continuing to be a major source of income for older adults in South Carolina. In 2014, 43.5 percent of seniors aged 60 to 64 enjoyed employment, 25.5 percent of those 65 to 69 were employed, 13.9 percent of those 70 to 74 were employed, and 5.5 percent of those 75 and older were employed.

South Carolina Employment Status by Age Group - 2014								
	Total for age group:	In labor force*:	Total civilians employed	Percent of age group employed	Percent of labor force employed	Total unemployed	Percent of labor force unemployed	Total not in labor force
45 to 54 years:	646,733	500,659	470,616	72.8%	94.0%	28,891	5.8%	146,074
55 to 59 years:	322,327	208,845	198,119	61.5%	94.9%	10,658	5.1%	113,482
60 to 64 years:	308,600	156,457	149,233	48.4%	95.4%	7,151	4.6%	152,143
65 to 69 years:	274,155	72,550	70,016	25.5%	96.5%	2,534	3.5%	201,605
70 to 74 years:	194,810	27,656	27,042	13.9%	97.8%	614	2.2%	167,154
75+:	292,618	16,472	15,950	5.5%	96.8%	522	3.2%	276,146

* Includes Civilian and Military

Source: U.S. Census Bureau, 2014 American Community Survey Single-Year Estimates, Table B23001.

Data are based on a sample and are subject to sampling variability. In addition to sampling variability, the ACS estimates are subject to non-sampling error (for a discussion of non-sampling variability, see Accuracy of the Data). The effect of non-sampling error is not represented in these tables.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

Appendix J: Creating Direction: A Guide for Improving Long-Term Care in South Carolina

In order to address the critical issues facing the senior population in South Carolina, in 2014 the South Carolina Institute of Medicine & Public Health (IMPH) convened a statewide taskforce of providers, researchers, and advocates to develop actionable recommendations for improving long-term care in our state. The Lieutenant Governor’s Office on Aging (LGOA), AAA Directors, and providers participated on the task force and will collaborate to implement the recommendations.

The vision of the Long-Term Care Taskforce is an integrated and fiscally sustainable system of high quality, affordable and accessible long-term services and supports for all South Carolinians who need them, including older adults, people with disabilities and caregivers. The system envisioned would be person-centered, enabling sufficient options for individuals and their caregivers to choose the most appropriate care in the least restrictive setting.

The taskforce sought to create lasting improvements for South Carolina’s system of long-term services and supports by developing and recommending cost-effective, actionable solutions to current and future challenges. The task force identified 30 actionable recommendations and the Institute of Medicine and Public Health, along with partners such as the Lieutenant Governor’s Office on Aging (LGOA), will address the recommendations throughout the coming years.

The taskforce recommendations were announced at the Statehouse during a press conference hosted by Lieutenant Governor Henry McMaster on June 10, 2015. Since that time, staff from the LGOA has worked closely with the IMPH to plan and develop strategies for implementing the findings, which directly affect the LGOA and which will benefit South Carolina’s senior population.

The following are the recommendations of the Long-Term Care Taskforce
(The recommendations are grouped into six topical areas.)

1. Promoting Efficiencies in the System

- Require agencies providing long-term services and supports to collaborate in the development of their programs/services and in budgetary planning.
- Coordinate state agency consumer assessment processes to improve consumer experience and state-level data collection and analysis.

“The demographic changes looming on the horizon are a certain reality, and they will challenge our long-term care system in significant ways. This challenge creates a unique generational problem that must be addressed. The current approach to providing long-term care will not meet the exponential growth in demand, nor will it be affordable in its current structure. This is not someone else’s problem— it is everyone’s problem—and the time to address it is now.” -South Carolina Long Term Care Task Force Report

- Continue efforts to move the state closer to coordinated and integrated care for individuals in need of Medicaid-sponsored long-term services and supports.

2. Strengthening the Long-Term Care Continuum

- Expand support for Medicaid-sponsored long-term services and supports over the next five years to strengthen and expand home and community-based services as part of a full spectrum of care options.
- Expand access to home and community-based options to meet the needs of specific target populations who do not qualify for current service options.
- Enhance the mission of the Lieutenant Governor’s Office on Aging (LGOA) and its capacity to coordinate with the Area Agencies on Aging/Aging Disability Resources Centers and service providers. As a part of this effort, conduct a review to determine the optimal organizational placement of the LGOA.
- Ensure access to a highly qualified and trained workforce of individuals who coordinate and manage care.

3. Ensuring an Adequate and Trained Workforce

- Establish a Long-Term Care Workforce Development Consortium to ensure the development of a sufficient workforce of health care professionals and unlicensed workers with competencies in long-term services and supports.
- Increase the presence and capacity of nurses in the long-term care workforce.
- Seek ways to increase compensation for direct care workers in home and community-based settings and enhance reimbursement rates for home and community-based service providers who employ direct care workers.
- Establish the infrastructure for a comprehensive, statewide training program for direct care workers in home and community-based settings that will improve outcomes for consumers.
- Develop a comprehensive Direct Care Worker Registry to be used as a resource for consumers, family caregivers, and providers.
- Enable registered nurses to delegate specific nursing tasks to unlicensed direct care workers with sufficient training and demonstrated competencies, subject to consumer protections.

4. Protecting Vulnerable Adults

- Develop an Adult Abuse Registry.
- Ensure vulnerable adults are protected through an adequate Adult Protective Services Program and have access to preventive services that keep them safely in their homes and from requiring services that are more expensive.
- Improve the quality and consistency of care in community residential care facilities (CRCFs) through enhancements to and oversight of CRCF licensing regulations and the Optional State Supplementation and Optional Supplemental Care for Assisted Living Participants Programs.
- Support family caregivers.
- Improve access and funding for flexible respite services.
- Increase access to training opportunities and sources of ongoing support for family caregivers to sustain them in their caregiving roles.

- Enhance the capacity of the aging network to ensure that family caregivers receive critical services, including thorough assessment, education, training, and support.
- Promote the role of family caregivers as critical members of the care team and encourage family engagement.
- Develop and strengthen financial and employment supports for family caregivers.

6. Promoting Choice and Independence through Education

- Enhance and coordinate statewide fall prevention efforts, as well as other preventive programs/services.
- Develop and market a comprehensive, user-friendly online information and referral resource for long-term services and supports, which will include resources for family caregivers.
- Institute an ongoing informational campaign to educate consumers about the need to save and plan for long-term care expenses.
- Strengthen the state's infrastructure to provide greater supports to consumers and families regarding options to maintain independence.
- Support and enhance awareness about statewide education efforts regarding advance care planning, based on the needs and values of individuals.

7. Future Directions

- Develop a formal strategic plan for providing and sustaining long-term services and supports for older adults and people with disabilities in our state.
- Form a statewide taskforce on transportation that engages experts, consumers, and leaders from across South Carolina in an effort to enhance transportation services, particularly for older adults and people with disabilities.
- Develop formal “incubator” processes to pilot and evaluate new approaches to providing long-term services and supports.
- Establish a formal and structured implementation process that brings collective focus, leadership, and accountability to each of these recommendations.

Appendix K: Choice in South Carolina

The Lieutenant Governor's Office on Aging (LGOA) continues to promote services and programs that encourage consumer control and choice components, that enhance and modernize long-term services and supports delivery in South Carolina. The LGOA believes that consumer choice is a critical component to providing options that allow the senior to remain safely and independently at home for as long as possible.

Customer, not organizational, need drives the South Carolina Aging Network in its coordination of services. The LGOA develops policies so that decisions involve our consumers and include choice. Through its revised assessment process, the LGOA strives to provide for the needs of South Carolina's seniors and advances self-determination for consumers. The LGOA offers a model of care delivery providing Self-Direction (consumer-directed), which recognizes the unique needs of each individual consumer. During the assessment and client screening process, each consumer is given information about available service options and provided knowledge that is beneficial in making informed decisions and choices.

Throughout the four years of this State Plan, the LGOA will work with the AAAs and providers to enact meaningful consumer choice in South Carolina. All Home and Community-Based Services will be considered, with specific consideration given to nutrition services, transportation, home care, and family caregiver services.

As part of the State Plan development process, each AAA was asked to provide examples of specific choice initiatives from their regions.

Family Caregiver Program

All 10 AAAs provide consumer choice as a component of their Family Caregiver programs. The Appalachia Family Caregiver program offers consumer choice. Through respite voucher distribution to qualified caregivers who then choose an individual or entity they would like to use to provide respite for their loved ones.

Appalachia

Meal recipients in Oconee and Anderson counties are presented meal and menu options by the local provider, Senior Solutions, Inc.

Upper Savannah

The Upper Savannah AAA offers consumer choice and assistance to Medicare beneficiaries for prescription drug plans and Medicare Advantage Plans.

Catawba

Both Lancaster and York counties have locally subsidized transportation programs offering consumer choice.

Central Midlands

Central Midlands offers consumer choice in its delivery of Home Care Level II services. Consumers can choose which in-home care provider they want to use for the authorized services.

Santee-Lynches

The Veteran Directed Home and Community Based Services Program (VDHCBS) is a self-directed program for Veterans, of any age, that need nursing home level of care but wish to remain at home. The VA Medical Center determines a Veteran's eligibility for the program and then refers the Veteran to the Care Coordinator at the AAA. The Veteran and Care Coordinator then work together to determine what services are needed, at which point the Veteran selects his/her own providers.

Santee-Lynches also offers consumer choice for Level 1 Homecare services. A list of vendors is available to clients and they choose the agency that best meets their needs.

Pee Dee

The Pee Dee AAA has developed a list of 10 transportation providers offering choice options in the region. Each provider has an individual contract with the AAA to provide non-emergency essential transportation.

Trident

In addition to its Family Caregiver Services, the Trident AAA expects to expand consumer choice options to other services once it begins conducting its own client assessments by July 1, 2017.

Appendix L: State Plan Public Hearings and Comments

The Lieutenant Governor’s Office on Aging (LGOA) placed a draft of the 2017 – 2021 State Plan on Aging on its web site so that members of the South Carolina Aging Network, including the Area Agencies on Aging (AAAs), contracted service providers, seniors and their families, caregivers, and other aging stakeholders could review the document and have time to make comments. The Public was given two weeks to provide comments.

The LGOA held public hearings in the State’s three largest metropolitan areas in order to seek public comments and input on the 2017 – 2021 State Plan. Public hearings were held in Columbia, Mount Pleasant, and Greenville. LGOA Policy Manager Gerry Dickinson moderated the public hearings, with input from LGOA staff.

In addition, members of the South Carolina Advisory Council on Aging were given a summary of the State Plan at the June 2016 quarterly meeting. All meetings of the Advisory Council are public, and subject to South Carolina Freedom of Information requirements.

Comments and attendance logs for each hearing is provided.

Columbia Hearing

Mount Pleasant Hearing

Greenville Hearing

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TOWARD AGING TO
RECOGNIZE OLDER ADULTS
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SUPPORTS THE GREATER
GOOD OF SOCIETY AND CAN
HELP SOLVE SOCIETY’S
PROBLEMS.” White House
Conference on Aging 2015**



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